VOLUME 39
NUMBER 12

DECEMBER
1943

On Christmas Eve

...tesy of
...Grenfell Labrador Medical Mission

See page 784

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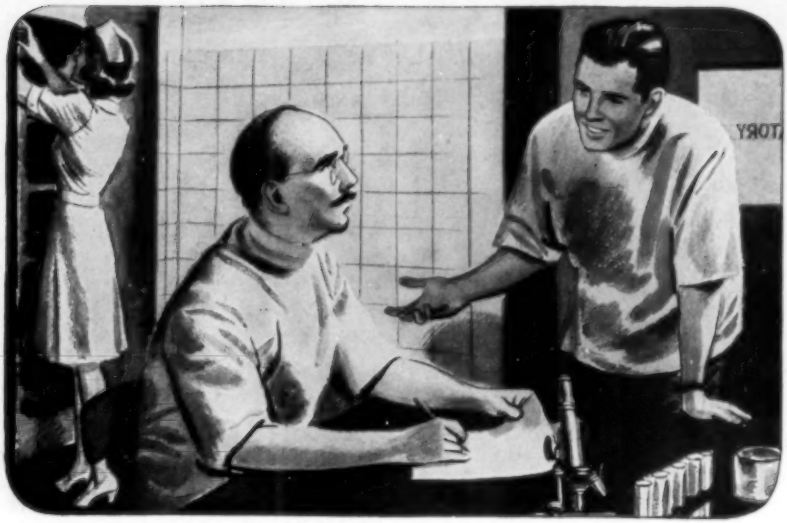

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(1) 1939, Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Gov't Printing Office, Washington, D. C.
1939, U. S. Dept. Agr. Circular No. 507.

(2) 1941, U. S. Public Health Reports 56, 1233.
1940, J. Am. Med. Assn. 114, 548.
1938, Ibid—111, 1846.
1938, J. Am. Dietet. Assn. 14, 1.
1938, Ibid—14, 8.

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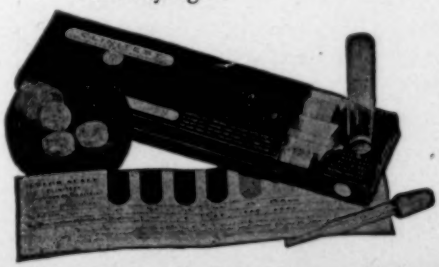

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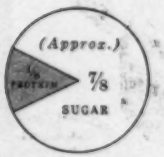

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The Canadian Nurse

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Reader's Guide

Some months ago, **Dr. Wilder Penfield** visited Russia as a representative of the Medical Committees of the National Research Council of Canada. Although much is being told about the magnificent war effort put forth by the Russian people, nothing could be more vivid and moving than Dr. Penfield's story of "A Surgical Visit to the U. S. S. R." We are especially grateful to him for his generous and sincere appreciation of the part that Russian women are playing in this epic struggle for freedom.

One very good reason why you should hang on to this copy of the *Journal* is because it contains the **Index to Volume 39** and is therefore a handy guide to have around. While we were struggling with its compilation, it suddenly dawned upon us that never before have there been as many items dealing with the supply and distribution of nursing service in Canada. As we reviewed these references, we came to the conclusion that during the year 1943, above all others, the Canadian Nurses Association has honestly tried to grapple with a mighty critical and difficult situation and has achieved a considerable measure of success. We feel a mild glow of satisfaction as we contemplate Volume 39. It gave us a lot to put into the index.

Ward administration in a psychiatric hospital naturally involves certain difficulties which are peculiar to this particular branch of medical service. The unusual demands made upon the competence, tact and patience of the nursing staff are admirably reviewed in this issue of the *Journal* by **Miss B. A. Beattie,** superintendent of nurses at the Provincial Mental Hospital, Ponoka, Alberta. Miss Beattie points out that, in preparing her material, she had the privilege of collaborating with the members of the supervisory staff.

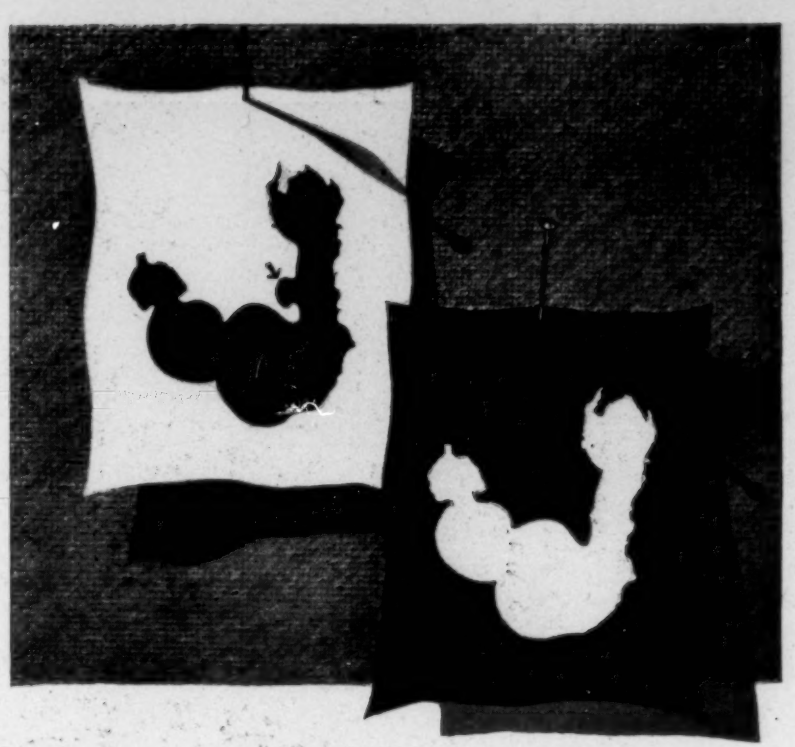
One of the most effective methods of teaching is to present the material in dramatic form. Many nurses have talent for writing playlets and even for producing them, and everyone likes to sit back and just enjoy them. **C. Elizabeth Williamson** describes a dramatic venture that enlisted the interest of every nursing group in the community and that could readily be adapted for use elsewhere. Miss Williamson is now a member of the teaching staff of the School of Nursing of the Toronto General Hospital.

Nurses often display a distinct talent for invention and, judging from her description of an ingenious improvised Southey tube set-up, it is quite apparent that **Jean Anderson** is among the number. Miss Anderson is charge nurse in a medical ward of the Montreal General Hospital.

There are rumours that some of the health teaching now being carried on in the community leads only to confusion. **Lorraine Miller** tells of an honest and practical attempt to get things straightened out by persuading the various nursing groups to agree upon the best and simplest methods of presenting a given subject. This experiment in co-operation certainly deserves to be tried out in more fields than one. Miss Miller is a member of the Winnipeg branch of the Victorian Order of Nurses.

Don't overlook **Notes from the National Office** this month. Several topics are mentioned there that may have a special and personal interest for you.

Believe it or not, the picture which adorns the cover was actually taken on **Christmas Eve** and shows a nurse standing outside the door of her outpost station in northern Newfoundland. It gets pretty cold up there, but the nurses say they don't mind it because they are dressed for it. Incidentally, they seem to manage to look very smart. The original photograph was kindly lent to the *Journal* by Miss E. G. Graham, secretary of the Grenfell Labrador Medical Mission.



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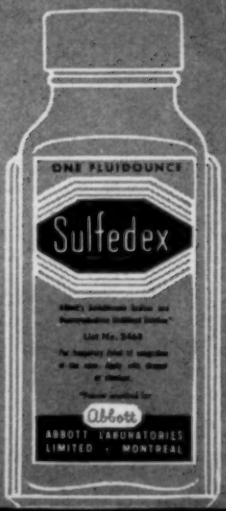

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-NINE NUMBER TWELVE
DECEMBER, 1943

Christmas Garland for Canadians

It takes a lot of courage to face up to yet another wartime Christmas although this year there are signs and portents that stir an unreasoning hope that not even the cold logic of events can quite subdue. Like a cat, when a thunderstorm is in the offing, we feel premonitory prickles of electricity and, if stroked the right way, might be tempted to give off a reckless spark or two. Instead, we strive to heed the warnings of the wise and to abstain from the wishful thinking that leads to complacency.

Yet, no matter what happens to these cherished illusions, we should like to offer a modest garland to those Canadian men and women who, even if our dearest hope came true, could not be home in time for Christmas because they would still be on duty in distant lands, in the air, on the sea and under it. If we only could, we would send each one of them some leaf or flower or berry that might for a moment recall the Canadian scene that he or she loves best. It might be a sprig of holly, heavy with crimson berries, from a sunny Vancouver garden, or a spray of Oregon grape with purple leaves and curling tendrils. Or perhaps a homesick Westerner would rather have a bit of sagebrush because, when you crush the grey leaves in your hand, you can see and smell the prairie under the hot August sun. Scarlet mountain ash berries are hard to come by because the birds usually see them first, but there are always plenty of brown pine cones. Then we would take a flaming maple leaf and set it against a branch of cedar, cool and wet and living green. Here is our Canadian garland for those whom we remember with faith and affection and deepest gratitude. Next year, God willing, they will gather it for themselves!

A Surgical Visit to the U.S.S.R.

WILDER PENFIELD, M.D.

Many feel, as I do, that, if we are to hope for permanent peace after this war, friendship with our powerful Soviet ally is of great importance, an importance which is second only to the need for friendship between the British Commonwealth and the United States. Real friendship without understanding is impossible. I have therefore accepted the kind invitation of your President to recount impressions of my recent visit to war-time Russia.

On the afternoon of July 2, seven surgeons disemplaned at a Moscow airport. Our mission had nothing to do with politics, our hosts were total strangers, the visit was without precedent. Consequently, I, for one, felt some trepidation. To make matters worse, we had to get out of a Liberator bomber in front of the receiving line. To do this you must climb down backward until you reach the ground in a sitting position, as though you had just been laid by a giant goose. You then crawl under its body on all fours, and finally, having developed an acute attack of inferiority feeling, you rear yourself before the welcoming delegation. They looked quite impressive but seemed friendly and actually gave us tea before we proceeded into Moscow.

Our mission was partly representative of Allied military medical services, partly of medical research councils, and perhaps a word of explanation of the Canadian participation may be in order. The function of the Medical Committees of the National Research Council of Canada in wartime is to promote medical research, to collect medical information, and to get it into the hands of those who need it in the armed forces of Canada and her allies. This work was initiated largely by Sir Frederick Banting. He died, as you remember, while flying across the Atlantic to carry such information to England. His work has been ably continued by Professor Collip, of Montreal, and others.

It fell to my lot to represent these committees on this British-American-Canadian Surgical Mission. It was the first non-political group to be invited to enter the Soviet Union in recent years. The arrangements were eventually completed thanks to pressure from two very distinguished diplomats, Sir Archibald Clark Kerr in Moscow and Mr. John Winant in London.

We gathered for the start in London, and during the period of waiting I made use of the time to look up all the Soviet medical literature that had entered the largest medical library in that city. I was referred to the basement and there, climbing to the top of a ladder, I found on a single dusty shelf the complete set of medical journals that had entered England during the war from the Union of Soviet Socialist Republics. It was a little like looking for water from the garden faucet during a Canadian winter. The latest date was 1940. The channel of information was obviously frozen, but actually the pipe was never adequate to supply the need for knowledge of medical science from that vast country, and the situation is the same on this side of the Atlantic.

Finally, one afternoon at the end of June, we left Paddington Station and at midnight on a starlit aerodrome we climbed up into the dark body of a giant aircraft. There followed three days when the world, like a revolving globe, seemed to be turning slowly beneath us. A stop in Gibraltar, where the Rock teems with activity. We visited a catacomb hospital, whose stony corridors and wards

were cheery and well equipped though far from the sunlight. Then out over the deep blue Mediterranean and along the coast of North Africa, where we reversed the whole march of Montgomery; a stop in Cairo, that fascinating modern Sodom filled with camels, donkeys, limousines, men, black and brown, dressed in red fez and white gowns, and where the streets swarm with tanned British and American soldiers. Aloft again at dawn, we looked down on the great green triangle of the Nile delta, on its western margin the pyramids glowing a reddish-brown against the desert beyond, and on the other side the Suez canal, a ribbon that joins the Mediterranean and Red seas.

A few minutes later Palestine, the Dead Sea and the River Jordan winding into it in large curves, like a snake, and Jericho at the foot of the hills, and Jerusalem seen very faintly through the mist. Then the ancient course of the caravans from Damascus across Iraq and Persia to Tehran, a drab, exotic city through which now flows a steady stream of American war materials on their way to Russia.

On the final day, hundreds of miles of Russian farm land slipped beneath us, huge fields spread out like green carpets of unbelievable size and evenness, plow furrows a mile in length. Before the war, half of the Soviet consumption of gasoline is said to have gone to the farm tractors. Hay stacks and grain caulks laid out in mathematical rows, communal farm villages with houses and truck gardens neat and orderly along a country road. This made an extraordinary contrast to the country we had seen on the previous day, dotted with round yellow threshing floors where oxen with slow feet were treading out the grain as in biblical days.

We passed over the forests which surround Moscow and roared down at an airport. As we walked off the field, English larks were singing in the sky above us, but when I spoke of it to one of our hosts I learned that they were Russian larks. I suppose anyone in the diplomatic service would have called them Anglo-Soviet larks to begin with.

During our stay in Soviet Russia, we were treated with great courtesy. Three weeks were not enough to make an exhaustive analysis, but long enough to select critical samples. We learned a good deal, and gave such information as we had. We certainly made friends.

During this war advances in medicine have been few in number but important. None has been overlooked in the U.S.S.R. Take the use of sulphonamides; they have not as many forms of this drug as we have but they use them even more enthusiastically. Take the plaster treatment of wounds and of fractures, the provision of blood and blood substitutes for haemorrhage and shock, the development of surgical specialists, the evacuation of wounded by air, all these they have developed independently and as best suits their particular need.

People have asked me whether Russia is ahead of us or behind us in medicine. This can not be answered in one word. I suppose it is the competitive spirit learned in sport that leads us to want to know how the score stands. Russia does not lead the world in surgery; neither can it be said that she is behind the procession. They do some things better than we. These are apt to be in the field of organization. Their methods of blood collecting and the preparation of blood derivatives and the distribution of these preparations may well be considered the best in the world. The organization and co-ordination of their hospitals for the wounded is excellent.

The general principles of treatment of the wounded which they have adopted are very like our own. They are behind us in certain aspects of surgery, particularly in the refinements of technique. These refinements they might have learned if their leading surgeons had

travelled from clinic to clinic during formative years as most of ours have. Nevertheless, Russia is abreast of the times in the field of medicine, and, looking into the future, the excellent organization of her system of medical education and her lavish support of research institutes promises a leadership that will make us look to our laurels.

During the last 20 years medical education has developed rapidly. There were thirteen medical faculties before the revolution, whereas in the five years before the war seventy-two medical institutes had turned out about 21,000 doctors yearly.

The training of medical men may be of interest. A boy or girl on leaving secondary school takes examinations for university and is accepted on the basis of that examination as a medical student. Before the war they were 50 per cent women; at the present time they are 85 per cent women because of the number of men at the front. They accelerated their curriculum during the first year of the war, but at the end of the year decided to return to the slower method. (Some of us believe we might well follow suit).

It takes a student five years to go through medical school, during which time he is supported by the State if his work is good. If not, he may continue if he receives support from his parents. During this process he acts as a nurse for a time, and is also apprenticed to a practising physician in an outlying district. Otherwise, his training resembles ours (excepting that he receives some lectures on Leninism and Marxism). He is qualified as a physician on the basis of competitive examination, and may then be sent, theoretically to a post anywhere in the Soviet Union. However, we were told that the preference of the graduate is taken into consideration. There seems to be no private practice. However, half way through his medical course he chooses between therapeutics, or the treatment of disease, and public health, with particular reference to the medical problems of factory workers. If he wishes to proceed to the higher doctorate of medicine, he must put in a minimum of six additional years of work as aspirant in either a university laboratory or in a clinic, and only such men are eligible to apply for vacant university chairs.

We were much interested in the large new Lenin Library for general purposes. There are 250 branch libraries in the Moscow area, situated in parks, factories and library buildings. Particularly well elaborated are the children's libraries, of which there are 70 in this district, all receiving their supply of books from the Lenin Library. Moscow is not more than two or three times larger than Montreal.

We travelled to the front line hospitals in five small cars, the Russian counterpart of the Ford, made in Gorki. We were conducted by the surgeons in charge on the "western front", which is that part of the front that lies before Moscow. Our road began as a splendid highway. At each crossroad our credentials were examined or we were waved on by the guard on duty, usually a swarthy, fair-haired soldier girl with a rifle slung over her back, who saluted smartly but did not fail to scan the occupants with searching eyes.

We passed through heavy forests of pine and birch, filled with wild flowers, all very much like a Canadian wood, for the climate, winter and summer, of Moscow resembles that of Montreal. Even the wood smells were familiar, including aroma from a skunk. We passed ruined tanks along the roadside and the trenches and dugouts of the German line which had been evacuated three months before, already fast disappearing in the growth of grass. Peasants had treked back and new houses were being built here and there, sometimes on the ruins of old ones, small,

warm log houses with thatched roofs, the cracks between the logs well battened. Some crops were already growing and women, children and a few old men were working in the fields, driving horses harnessed with a characteristic wooden arch over the withers.

The road soon degenerated to slippery dirt surface. Periodically the cortege stopped so we could walk and stretch, after which we were recalled each time by a shout from Colonel Banaytis — "pakoniam". This cry is used to call the Cossack cavalry to horse and was invariably followed by good natured laughter from our Russian friends.

We passed through the city of Vyasma, once containing 60,000 people, and now completely converted to rubble, except for occasional chimneys supported in their lonely place by the large stoves with which Russian houses are ordinarily heated.

Finally, we stopped and were told we had reached a 200 bed tented hospital. Its concealment, however, was so complete that although it was not more than 30 feet from us we could detect its presence only by the sound of an accordian issuing from the wood. During the first year of the war the enemy did not respect the Red Cross with which hospitals were marked so that camouflage has been made universal.

We soon found ourselves in the mess tent, round in shape and covered with heavy wool felt. This tent, which is warm and serviceable, is called a yurt. It has been presented to mobile hospitals of this type in large numbers by the Mongolian Republic, a source of reversed lend-lease supply that I had not suspected. We were invited to tea, which we had come to recognize as a formidable affair, but as we had had nothing to eat since early in the morning it was most welcome. The ceremony was inaugurated by the commanding officer, a stocky, gray haired man of 50, who pledged our health by downing a tumbler of vodka. This physiological experiment we decided not to repeat as we preferred to remember his hospital.

At 10 o'clock we arrived to spend the night at a Sorting and Evacuation Hospital, which is the most forward Russian hospital. At 10.15 we sat down with a large number of medical officers to a dinner of many courses in which vodka and port wine played no mean role. For three hours there was a constant cabaret show, all put on by members of the staff, male and female. There was accordion music, singing, Russian dances, and, most surprising of all, some very sophisticated dances that might quite well have succeeded on Broadway.

The fancy dress was assorted, to say the least, but there was an occasional silk dress, high heels and silk stockings, which were always worn to good advantage. One of our waitresses stopped her work several times and danced beautifully. While serving us her face had been expressionless, a characteristic one noted in others, but when she began to dance her face flushed and her eyes sparkled. There were toasts and more toasts, to success in arms, to each other, to things which are above nationalism, such as medicine, science, understanding and friendship not forgetting the Red soldier.

Next morning our hosts were back with friendly grins to take us to breakfast and show their work to us. These were surgeons of great experience in handling war casualties. One of the women, a slender, quiet Major, wore three wound stripes. She had operated on a thousand gunshot wounds of the chest and four hundred of the abdomen during this war.

The hospital could accommodate 2000 to 4000 wounded in cleverly built and well concealed huts situated a few kilometres from the front. Aside from medical and surgical information and their excellent organization, the thing that made the deepest impression on us,

perhaps, was the role of the Russian woman. This hutted hospital, like other similar hospitals, was being built by members of its own staff. The nurses, who had received a three-year training in the profession of nursing, were bearing their share in the construction of the unfinished huts, quiet, seemingly stolid, hands in the dirt, or hammering, planing and sawing, and yet some of these women had danced the night before and presented quite a different appearance.

Behind the front, women, sometimes tall and gaunt but usually stocky and sturdy, were working in the fields, trudging the roads or getting a lift in a passing military truck. In ruined Vyasma they cleared the rubble and laboured to construct temporary hovels until their men should return to help them regain their own.

In Moscow we passed long lines of workers repairing the rails. Of these workers, a minority were women, but it brought a masculine blush to my face when I noted that it was the men who were apt to stop and talk, the women who continued doggedly at the job. I have no doubt that during these recurring periods of rest the men were engaged in constructive thinking. At least, I would gladly believe it.

The streets of Moscow look very much like the streets of other Western capitals. My first impression, however, was that men, women and children seemed to be hurrying somewhere. Soon I realized that this was habitual, and when I later came to visit Chungking I found that the Russian habit of diligent haste resembled that of the common people of China. On a Sunday morning the appearance of the streets below my hotel window had altered somewhat. Many people were now carrying garden tools and lunches, apparently going, with their children, to spend the day on allotments outside the city.

Streetcars, three in a row, are usually crowded. People hang on the outside and others pursue them to catch on the back. Opera, concerts and ballet are crowded every night and the performances are good. The ballet, of which there are said to be forty companies playing at the present time throughout the Soviet Union, is superlative. Volley ball, with six on a side, is the most popular outdoor sport in the Soviet Union, and actually, one morning outside a hospital in the forest, the members of our surgical delegation found themselves playing against the group of Soviet surgeons, who were our guides for the morning. I regret to report, however, that, in spite of the star performance on our side of our young lady interpreter, we lost ignominously.

We were on the lookout for evidence of malnutrition but we saw none. The allowance of food for the worker is greater than for the non-worker. To mention a few items: a worker is allowed one and three quarter pounds of bread per day and four and four tenths pounds of meat or fish per week. A non-worker and a child receives eight tenths of a pound of bread per day and one and three tenths pounds of meat or fish per week. On the other hand, if a school child is able to put in three hours of work per day, it receives the ration of a worker. Thus a family may balance its food budget and the method serves to mobilize the maximum number of workers. The prices of these articles on the ration card, including food and clothes, are fixed.

In Moscow we lived in the National Hotel opposite the Kremlin and were quite free to come and go as we liked. Red Square, flanked on one side by the Kremlin's 50 foot wall of red stone in front of which stands a row of dark pines, is as impressive as one had expected, but the gloomy sepulchre of Lenin is closed during the war.

Another building capped by bulbous Byzantine spires, which fronts on the

Square, is also closed. One evening while walking by it with Mr. Carling, a companion in this adventure, I was filled with curiosity about a sign which we coud see on one of the doors. We therefore lifted a broken lock off of the gate of its enclosure and approached the building. I had spent a month in hard study of the Russian language but ended by learning only its strange alphabet and the sign was much too much for either of us. So I pulled out my note book and carefully copied down the letters. We had heard nothing but suddenly, on turning my head, I realized a soldier was looking over my shoulder at the note book. A chill ran down my spine. He was dressed in a curious blue uniform. For a moment we three stood still and I held the book for his inspection. Then I made a rather silly remark to him in English but he did not reply nor make any move. He seemed a little dazed. Finally, Carling and I agreed we had better go. The soldier followed closely and locked the gate without a word. We hurried back to the hotel with no one in pursuit, and looked up some one who could read the words in the note book. They were "entrance to museum".

Our contacts with Soviet surgeons were by means of a series of visits arranged in advance for us by the Commissariat of Public Health. It is true that there were no free, informal calls. This was partly because of our need of interpreter. But it was also because Soviet citizens do not, at present, seem to feel free to initiate contacts with foreigners spontaneously, for fear of official criticism. Once a visit had been arranged, however, we found their doctors eager to make friends, to show us hospitality, and to demonstrate their methods and results.

The reluctance of Soviet authorities to allow unrestricted entrance of other nationals to their country is widely recognized and frequently commented upon. This, I would suggest is to be explained quite simply, on the basis of the fact that they have been building up an internal structure — economic, political, educational and social. As long as they have felt that this rapid and so far successful evolution was likely to progress more smoothly without visits from their friends, they have continued to maintain barriers to travel. My personal experience would lead me to believe that this attitude toward foreigners is not prompted in any way by fear nor by enmity toward outsiders, as some seem to suggest, but by private consideration of what is best for their own people. This attitude, which seems justified under present conditions, may well disappear as soon as it is obvious to them that the development of the various departments of life within the Soviet Union will not be disturbed by such outside contacts. Certainly, in the field of surgery, they appear to be completely ready for discussion, comparison, and also cooperation.

The words Commissariat of Public Health appear on the entrance to that building in Russian and in English. The Commissar, Georgii Andreevich Miterev, is a man of 42 years, blond, energetic and forceful. Having been an active surgeon he showed a broad grasp of the general principles of medicine in regard to public health and particularly in regard to the army.

Lt. General Smirnov is in charge of the Army Medical Service at the front and directly responsible to Marshall Stalin. He is only 38 years of age. Until the age of 24 he was a worker. His rise in nine years after graduation, to the highest position in the Army Medical Service, must have been meteoric, to say the least. (But the top ranking surgeon in the Navy, Major General Andreev, is only 35.) His associates say that Smirnov has a genius for organization and leadership and that he is capable of working 20 hours a day. He is an alert

young giant in the standard dress uniform, which, as I remember, is long shiny boots, blue trousers, khaki shirt and gold epaulets. Personally, he is a most likable fellow. When I quoted a French Canadian poem to him about "Ma Pipe et ma Femme", he replied with a Cossack song on the same subject.

Lt. General Burdenko, aged 62, Chief Surgeon of the Red Army, is a fiery, energetic stocky little man, whose chest is covered with stars and decorations and who seems to have the complete loyalty of his subordinates in spite of the fact that he has become deaf. Col. Yunin is a tall, cadaverous, intense, a brilliant technician, and a man of great enthusiasms, who is probably not excelled in any country as an abdominal surgeon or an extremity surgeon. Like his master, Burdenko, he is capable of enormous labour, day after day and night after night, in spite of ill health.

Adversity seems to have brought out the tough fibre of this people. Casualties have reached staggering figures, approaching six million, and 70 per cent of the injured are said to have returned to the fighting line. They have faced defeat and repeated evacuation, privation and bereavement, and yet the casual observer might think them stolid or apathetic.

Let me cite an example to show this is not so. During one of our luncheons, a distinguished physician who had conducted us on rounds at the Central Neurosurgical Institute, rose to his feet with the rest to drink a toast which had been proposed by one of our members to the Red soldier. When he sat down he suddenly leaned across the table and spoke in French, "The Red Soldier!" he said, "you don't know what we owe him. My son was killed two days ago and to-day he is twenty-one years old." For an instant only his face was contorted, but this was followed immediately by composure that resembled indifference. No one of us who heard could reply.

It is not their way to voice threats. Grim determination to drive out the invader expresses itself in action. Psychoneurosis, or shell-shock, is really rare in Russia, for they have an enormous supply of its specific antidote. The antidote is high morale and an enthusiasm generated in adversity. It was not necessary to import this by Lend-Lease. Napoleon learned about this and Hitler is learning.

Editor's Note: This article is the text of an address delivered by Dr. Wilder Penfield before the Canadian Club of Montreal on October 25th, 1943, and is published in this *Journal* with his very kind permission.

"The Lamp Still Burns"

"The Lamp Still Burns", another nursing film, has had its première in London. The picture shows the operating theatre where the skilled nature of the surgeon's and the nurses' work is brought out while the sirens moan and a first-class raid develops. In contrast to "So Proudly We Hail", there is no flying glass, no falling roof, no burning beams, just a carrying-on with the routine work of theatre and ward, and the removal of the patients to shelter. Though some of the nurses are injured we only learn of it by the Matron's report. It probably adds to the dignity of the film and makes it true to the proverbial English understatement of the actual experience of the nurse in the blitzed hospital. We doubt whether the film will be as popular among young people as the American tribute which will run side by side with it in London. Yet it is a film that the nursing profession will like and be proud of.

— *The Nursing Times*

A Salute to our Nursing Sisters

Every now and then we pick up a newspaper and find a reference to our Canadian Nursing Sisters that warms the cockles of our heart. Here is a particularly fine tribute which appeared on the editorial page of the Montreal Gazette:

Perhaps more than any of the women's auxiliary corps attached to the fighting forces, the nursing detachments are not only essential units of active battle formations but share in the hardships and the hazards of those engaged directly in the job of fighting the war on sea and land and in the air.

The speed and mobility of modern warfare make it especially essential that medical units with their nursing staffs should move with fighting establishments as they advance into battle zones. Their stations of succor are set up at points often dangerously close to the front lines where the enemy is being engaged. They must often work at risk of flying bullets, shellfire and bombing.

While honouring the sailors, the soldiers and the airmen who swept through Sicily and on into Italy itself, let us add a salute to the women whose courage and skill played such an essential part in the campaign — and saved countless wounded warriors to fight again.

Only a few days after this article appeared, news came that Canadian Nursing Sisters had shared a perilous voyage during which their ship was attacked by bomber and torpedo planes. Shortly after the torpedo struck, the order was given to abandon ship and the Nursing Sisters swam, paddled, and rowed to the rescue ship, singing and cheering as they made their way across the rolling seas. They, like all the rest of the ship's company, were "calm, orderly and observant of command". They have added a new and glorious page to the history of nursing in Canada.

Apropos of the Italian front, it is evident that the Royal Canadian Air Force does all it can to eliminate the factor of preventable illness from an otherwise hazardous life:

Lost time and consequent lowered fighting efficiency due to illness among Royal Air Force fighter squadrons in the Sicilian theatre of operations, with which many Canadian pilots are serving, have been kept to a minimum during the campaign here by strict precautions carefully adhered to. A routine of quinine pills, the use of mosquito nets for sleeping and the donning of long sleeves and trousers during the evening when mosquitoes come out, have kept the number of malaria cases among air and ground crews very low. Sterilization of drinking water has been carried out as a precaution against various tropical diseases which originate in contaminated wells and streams. Cookhouses, washing areas and camp sites have been kept clean and free from refuse in the widespread effort to cut down likely breeding places for disease.

The following excerpts from overseas mail are quoted (without formal permission!) from "The Quarterly", a magazine published by the Alumnae Association of the Toronto General Hospital:

We knew for some time that we would be leaving England, and you can imagine our feelings. We had to store most of our kit, and get our luggage down to a minimum. We finally got underway laden with large pack, haversack, respirator, tin hat, filled water bottle, and our suit cases. It was indeed an endurance test, but we managed. We came in a large convoy which was a magnificent sight. A troop ship is by no means a pleasure trip, very crowded, rigid discipline and a small amount of water. We made good time and ran into no trouble. For several days we could see the coast of Africa — just a continuous range of mountains. After another day or so we disembarked at a small port, went by truck to a large depot camp in the midst of a cork grove, dust, dirt and flies. Then we went on to a sort of rest camp, right on the sea. We had five days of swimming, which was wonderful. The water is very buoyant and warm. In the meantime, the men had come out to put up the canvas for the hospital, which was a stupendous job. We are about twenty miles

inland, between mountains, on a grain field, rolling, which has just been harvested; not a tree in sight, and very hot.

We live two in a tent, sleep on our army camp cots and bed rolls, use a canvas wash basin and pail for carrying water. The sisters live separately in a compound, a privy at one end and a tap of water at the other. The hospital proper is quite far away. We have meals in a common mess tent, with another tent to sit in. We are trying to fix it up, and have achieved quite a native atmosphere, grass mats, some woven mats, huge earthenware water jars slung from the ridge poles of the tents. The water is heavily chlorinated and has to be disguised. We live on field rations, which aren't bad.

We started to admit patients from within ten days of the first tent pole going up. The wards consist of three tents and a work tent. Equipment is most limited, and all our ideas of good nursing technique shattered completely. Every drop of water is as precious as gold, and has to be carried.

Now to tell you a bit of our routine. We get up at 5.45, almost in the dark, try to make ourselves and our tents in order; breakfast at 6.30, on duty at seven; work until eleven; lunch at twelve; then a skeleton staff carries on until four, everyone taking a turn; then back and work until eight. We can't leave the hospital area and have to be in our beds and under our nets at ten p.m. At sundown, we put on our long pants and long-sleeved shirts and high boots, mosquito cream. We are in a rather bad malaria area, hence every precaution is taken. The whole country is full of filthy Arab villages. I don't think I have ever seen so much dust or so many flies in my life. We are all sleeping under mosquito nets. The life of primitive man has nothing on us, but we manage.

Three of us had our day off yesterday. We went down to the coast, rented a carriage and drove along the beach to a grand swimming beach. We felt like Lady Astor's plush horse, sitting up in the high, old carriage with an Arab driver, taking salutes from both sides of the road. You should have seen me trying to put across to the driver in my best French, where we wanted to go. He must have understood, as he took us to the exact spot. We packed a lunch and had supper on the beach.

During the first Great War, many Canadian nurses wore the gray and scarlet of the Queen Alexandra Imperial Military Nursing Service, and, in this new conflict, another Canadian nurse is a member of this magnificent body of women. She is Matron Miriam Gray, R.R.C., and is a graduate of the School of Nursing of the Montreal General Hospital. The *Journal* in indebted to Miss Martha Batson for allowing us to quote from one of her letters which describes the nursing situation during the early stages of the North African campaign:

"Early in 1941, Nursing Sisters of the Queen Alexandra Imperial Military Nursing Service left England not knowing what their destination was to be. After disembarking we went to a rest camp in the desert where we were accommodated in tents. Later it was decided that we should take over an uncompleted site and prepare to receive the wounded evacuated from Crete and from the Western Desert while the Sappers continued to build the hospital around us. This hospital was on the desert about twenty-five miles from the nearest small town, and in the middle of a huge camp where the men came on arrival from home before proceeding to the Western Desert, and where they were sent to rest and re-equip after a period of fighting in Libya.

The hospital was intended to accommodate between 1200 and 1700 patients but actually during my time there we did not have more than 1200, although we could have taken more at short notice. Attached to it was a prisoners-of-war hospital with 500 beds. This was staffed by R.A.M.C. personnel, supplemented by captured 'protected personnel' of the enemy — that is to say, Italian doctors and medical orderlies. Our hospital surgeons performed all the operations, the patients

Canadian Army Photo

R.C.A.M.C. Nursing Sisters from British Columbia serving overseas.

Canadian Army Photo

R.C.A.M.C. Nursing Sisters from the Maritimes serving overseas.

Canadian Army Photo

Nursing Sisters of a R.C.A.M.C. hospital unit mobilized prior to departure for overseas service.

being transported from the prisoners-of-war hospital to the main hospital by ambulance and returned there afterwards. The British portion was mostly a tented hospital but on both the medical and the surgical sides there were four Nissen huts holding twenty-four beds. There were also one or two other buildings where acute cases could be nursed. The operating theatre, x-ray, dental and eye departments were in buildings. They were the first to have electric light installed and the tented wards had to manage with hurricane lamps for quite a long time. Sterilization was all done on Primus stoves — large ones for the theatre and ordinary size for the wards. Sinks, sluices and showers were available in sheds outside, as also were the ward kitchens. These places were built of corrugated iron and wood and were carefully fly-proofed.

Each tented ward held twenty patients and when we first opened the hospital the tents were at ground level. Later, when bombing came nearer, it was decided to excavate down to about five feet and re-pitch the tents at that level in order to protect the patients from bomb blast. To prevent the sand from silting, a light layer of concrete wall was put up against the banks of sand. Concrete floors were laid eventually and, at the beginning of 1942, the side walls were being tiled. The summer of 1941 was very heavy going, walking through the deep sand from ward to ward, but by 1942 asphalt paths were being made. We were deeply indebted to the British Red Cross and the St. John Ambulance in the Middle East for all sorts of extra comforts for the troops, not least among them being fly-swatters and fly-proof netting for the tent windows and entrances.

The main hospital kitchen, where all the patients' food was cooked, was in the centre of the site, equi-distant from both surgical and medical divisions. Adjacent to it were two Nissen huts, one for each division, and used as dining halls. A large marquee in another part of the site was used as a dining hall for coloured troops, of whom there was a fairly large proportion. Native servants were employed throughout the hospital. The dining halls were often used for mobile cinema shows or E.N.S.A. concerts, as well as concerts given by the various units. The hospital chapel was in a Nissen hut and at first a wooden table was used as an altar and only benches were available. Later we were given chairs by the Red Cross. The Roman Catholic padre, who had also been with us in France, was also a wonderful help to us and he got some Italian prisoners to build us a proper and most decorative altar. The Nursing Sisters made curtains and kneelers and the Reverend Mother of a convent, whom some of us had known in peace days, gave us hangings for the back of the altar.

The Sisters lived in square tents, holding two or three persons. At first these were at ground level but later, like the wards, were sunk five feet. This did away with the necessity for slit trenches. Although the enemy were very busy bombing an air-field not far off our nearest bomb was one and a half miles away. At first hurricane lamps were the only illumination but before I left electric light had been installed. A large marquee served as a combined dining and sitting room, and only later on Nissen huts were built. These were lightly furnished for the first few months while money was being saved up to buy extra comforts. In the autumn attractive Camel-hair carpets, sun-proof curtains, cushions, screens, and table covers were bought. Before the winter started, a large open fire place was built in the sitting room where we could burn logs. The food consisted of army rations, supplemented by fruit, cake, butter, jam, and local produce. Coal was available for cooking and water was heated in large boilers, called Soyer stoves,

which were stoked with wood or native fuel made from compressed cow dung.

At first, native servants were employed as mess waiters and batmen for the Sisters. These men were mostly Dragomen from Luxor but found themselves out of work because there were no tourists. They spoke very good English and my own particular man showed me with great pride dozens of letters that he had received from famous people for whom he had acted as guide in Luxor and elsewhere. Unfortunately, when the enemy started bombing an air-field not very far away, these men found our area unhealthy and returned to Luxor. I also suspect that they had got wind of the news that officers and men, entitled to a few days leave, were going down to Luxor to see the Tombs, and they did not wish to lose this opportunity of returning to their normal occupation. Some of the Arabs that came to us next were not very satisfactory and they, too, did not like the air-raids. Our next decision was to try Italian prisoners-of-war as mess waiters. The prisoners-of-war camp officers made inquiries and found three cooks and three professional waiters and also other Italians who volunteered to learn to wait on table. The man who was made head waiter spoke good English, was very interested in his work.

Most of the convoys of wounded from the Western Desert used to arrive at night. Extra staff were always on call — Sisters and orderlies; they went to bed at the usual hour and were called when the ambulance train arrived at the nearest station. The matron, or the assistant matron, were also on duty to help with the organization. The average convoy would usually be 200 patients— stretcher, sitting, and walking cases of all colours and nationalities. It was certainly an example of the British Commonwealth of Nations. One patient was Chinese from Malaya who spoke French and was serving with a Pioneer Corps in Egypt. Tea and cigarettes were always ready for the men as soon as they arrived. They were very tired and it was no time before they were fast asleep. They were not washed until they had wakened up of their own accord and had been given food. They were wonderfully cheerful, looked bronzed and fit in spite of their wounds, and in a few days usually made a good recovery."

Opportunity Knocks Twice

Dear Fellow Nurse,

Are you vaguely dissatisfied with your present set-up but knowing no other system hesitate to advocate changes lest they be for the worse? Is, "its always been done that way" a clinching argument against change? Are you a recent graduate loath to take responsibility because of your inexperience?

I see you hesitate a little — *you* need a postgraduate clinical course — to add to your knowledge, broaden your horizon, and send you back to your tasks brimful of the enthusiasm you started with. Oh! there are many such courses listed in the *May 1943 Journal* in hospitals and universities from coast to coast.

Yes, I know that you are buying bonds and paying income tax but financial assistance is available. Apply through your provincial association for one of the government bursaries for postgraduate clinical courses. There are no strings at-

tached — except that you will be under contract for a year's service in Civilian Nursing in Canada and I know that you will want to serve where the need is so great.

Opportunity knocked in June. It knocks again for applications for these bursaries until February 28, 1944. Turn *now* to Notes from the National Office in this issue of the *Journal* for full details.

You will think about it? Please talk, write and plan about it! We have much to learn from each other and this is our chance. Get in touch with your provincial associations immediately — they will forward applications to the Bursary Award Committee and we are hopefully waiting.

CATHERINE L. TOWNSEND
Convenor, Bursary Award Committee
Canadian Nurses Association

Ward Administration in a Psychiatric Hospital

B. A. BEATTIE

Ward administration in a psychiatric hospital includes preparation for meeting all the exigencies and emergencies of general nursing as well as the peculiar difficulties arising out of the disturbed emotional reactions or the disturbed mental state of the psychotic patient. We endeavour to treat the "whole patient" as an individual, knowing his particular type of hereditary background, his potentialities of intelligence, educational progress and social development. We ask what has caused this retarded development and this flight from reality. How are we going to arouse normal mental, emotional and social reactions? This would seem an almost impossible task to the ordinary observer yet it is being done, day by day, quietly and without fanfare, in our mental hospitals.

Maintaining the safety and personal welfare of the patient includes the special observation of the suicidal, homicidal and impulsive patient, with every effort to keep accidents to a minimum. Eternal vigilance is required of all members of the staff and their particular responsibilities are made clear to them from their first day on duty. Prevention of elopements, careful checking of sharp instruments, and the removal of any article from the environment that might be a source of danger must constantly be maintained.

Therapeutic treatment includes hydrotherapy, fever therapy, psychotherapy, shock therapy and chemotherapy. Under this heading we may also include the supervision of diet and elimination and the maintaining of an optimum physical health. The preparation and procedures are carried out by the nursing staff under the supervision and instruction of the medical staff.

Occupational therapy is prescribed by the physician and is carried out under the instruction of trained therapists in studios as well as on hospital wards and in hospital departments. The purpose is to help the patient to readjust his activity into a useful channel and to guide him back to industry. Handicrafts are taught from the simple to the complex and the type is selected according to the mental condition. The depressed patient, for instance, would be given work that would be stimulating with plenty of colour while the overactive manic-depressive would be given a monotonous routine. All patients that are physically able are encouraged to help

with the ward house-keeping or to work in some hospital department. This activity is not designed merely to help pass the time nor simply to get the work done. It does help to arouse the normal reactions and to prevent the deterioration that is always imminent and progressive unless new interests are introduced.

Psychotherapy is one of the oldest forms of therapeutic measures and includes the use of suggestion, persuasion and education. This is planned and administered by the physician through personal interviews. The nursing staff should understand the principles of the treatment and should follow along the same lines, remembering that every word or deed influences the patient for good or evil. She must bear in mind that her own self-control, authority and poise lend great power to her persuasive powers. The patient is usually inordinately sensitive and will respond much better to kindly treatment and friendly interest than to autocratic management. A tactless remark or a thoughtless act may undo all the doctor's therapeutic efforts.

Adequate and accurate records: observation of the behaviour of the patient with the careful recording of all symptoms, physical and mental, provide the physician with material that is useful in making a diagnosis. This also provides a record to show the progress or regression of the patient. Examples of conversation, and a detailed description of general conduct, are valuable information. These notes may become less frequent as the time of hospitalization grows long and may need to be summarized from time to time for filing.

Protection of the staff: administration must include the consideration for the safety of the staff as well as the patient. Definite instructions must be laid down to insure the elimination of danger. Sufficient staff should be on the ward at all times to deal with any situation.

Hospital housekeeping is especially important in a psychiatric hospital because the environment should be made as ideal as possible. Cheerful living-rooms are provided for social activities and the usual hospital atmosphere is carefully avoided. The use of colour in draperies, furniture, rugs and pictures and the provision of a piano, a radio, books and magazines, all tend to produce the effect desired. Patients are encouraged to dress in their own clothes and to take a pride in their appearance. The introduction of the beauty parlor to the wards has made a great improvement in the appearance of the female patients. Every woman knows how a shampoo and finger wave builds up one's morale.

Teaching programme: in order to carry out an extensive programme, there must be close co-operation between the staff of all departments. Each therapy is important in itself but it must be correlated with the whole programme in order to have the desired effect. While it is the psychiatrist who plans the programme, it is the nursing staff who carry out its details and establish the training necessary for the patient. Old unwholesome habits must be broken down and discontinued and new healthful ones substituted. It is essential that there be sufficient qualified staff who have an intelligent understanding of psychology and psychiatry and who are interested in people. Our only means of obtaining such personnel is to organize a teaching programme that will produce fully qualified graduate nurses who have a background of psychology, psychiatry and neurology as well as the wide programme of the general hospital. This course has produced a graduate nurse that is prepared for any type of nursing, even to the most difficult, after four years of preparation. In addition, we have a yearly class of graduate nurses who are interested in psychiatric nursing and who take the

course provided for them. Male attendants are given a three-year course of instruction in psychiatric and general nursing and are granted a certificate on the completion of their course. Ward aides have a short course in hospital housekeeping and in psychiatric nursing, which helps to develop them and to make their work more interesting.

Teaching on the wards must go on continuously with much incidental teaching as well as the occasional planned ward clinic. By means of case study, medical conference and daily contact with the patient, the student learns the pattern of reactions displayed by each type of disorder. Correlation of classroom teaching with the ward work is not always possible, but medical and surgical nursing can be demonstrated as the opportunity presents itself.

Ward personnel: the supervisor organizes the work and directs the staff for the daily routine. She must be a fully qualified graduate nurse with psychiatric training possessing good executive ability, and plenty of diplomacy. The management of a psychiatric ward involves a great deal of mental strain and physical effort. The supervisor must be self-reliant and emotionally mature and have a real interest in human beings. It is a constant challenge for the nurse-administrator and there is a sense of achievement and satisfaction in successfully meeting each difficult problem. Adequate graduate staff should be available to help carry the nursing load and to relieve the supervisor. Students are rotated through the wards and time is spent where the learning opportunities seem greatest. Ward aides are used to help stabilize the staff while the students are at lecture and to help with the housekeeping and minor nursing duties.

Psychiatric nursing must keep up with the rapid advances being made in psychiatry and, as psychiatrists must have a background of general medicine, so must the psychiatric nurse have the broad training of the general hospital in addition to her psychiatric background. It would appear that there is a definite challenge to nurses in the psychiatric field. Shall we accept that challenge?

A Tribute to Christina Grant

The staff of the Winnipeg Municipal Hospitals recently gathered to honour Christina M. Grant on the occasion of her retirement from her position as instructress and assistant superintendent of nurses. The highlight of the evening was the presentation to her of a gold wrist watch.

Miss Grant was born in Ontario and later moved to the Birtle district of Manitoba with her family. She graduated from the Provincial Normal Schools and taught in the public schools of Manitoba for some years. She then took a business course and was employed in office work until she enrolled in the School of Nursing of the Winnipeg General Hospital as a student nurse. Upon her graduation, Miss Grant was appointed to the staff of the Winnipeg Municipal Hospitals. She was promoted successively to charge nurse and supervisor and, in 1921, to the position of instructress and assistant superintendent of nurses. Miss Grant has the unique distinction of having trained and instructed some three thousand student nurses in the nursing care and treatment of communicable diseases and is recognized throughout Western Canada as an instructress of outstanding ability in the field of public health education. She is an ardent lover of nature and is widely travelled. The most notable of her numerous hobbies is a valuable collection of souvenir teaspoons. Miss Grant will make her future home in St. Vital, Manitoba.

— Elsie Robertson

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

A Nursing Clinic in Playlet Form

C. Elizabeth Williamson

The School for Nurses of the Nicholls Hospital, Peterborough, recently initiated, on a very unpretentious scale, a clinical teaching programme under the direction of a clinical supervisor. Recognized clinical methods of teaching were successfully employed and, judging by the results obtained, it was evident that from a student and staff viewpoint this type of education is beneficial and necessary. A series of six nursing clinics, with all intermediate students attending, was held in a conference room situated on the ward. The prevalent problem of service versus education was overcome by holding these clinics during a two-week block period when the students were only on ward duty from 7 a.m. to 9 a.m. and from 5.30 p.m. to 7 p.m. thus allowing the participants (patient, supervisor, x-ray technician and 12 students) not to feel hard pressed for time.

In view of the success of this series, it was felt that it would be worthwhile to introduce the nursing clinic to the members of District 6, Registered Nurses Association of Ontario, and it was decided to present it at a district meeting in lighter vein. A playlet was therefore prepared for the purpose of demonstrating one of the methods used in clinical teaching and of showing how the allied resources of the hospitals and the community might be used in this connection. The cast was drawn from the Nicholls Hospital, St. Joseph's Hospital, and the municipal public health nursing service. Before the play began, we told the audience that the student is better able to give thoughtful, intelligent and personal nursing care if attention and discussion are centred about the patient. If a clinical course is active and vivid, the student will more readily appreciate the effect of social and economic factors on the health of her patients and will recognize the need for instructing them regarding convalescent care and health principles. We suggested that the nursing clinic is also a method by which allied hospital and community resources may be correlated in the education of the student nurse.

Our play begins and we explain that the clinic we are going to demonstrate is the last of a series held on a cardiac patient whom we have been nursing. She is now convalescent and is being discharged from the hospital and has been referred to a public health nurse for follow-up work. She has told us that she is most comfortable in bed when she is placed in Fowler's or other orthopnea positions and she wants to

know how she can maintain these positions at home when she neither has, nor can afford, a Gatch bed or an over-lying bed table. She does not understand why the doctor orders her to restrict her fluid and food consumption when she is thirsty and hungry and asks how this can best be managed. The opening scene of Act I takes place in a ward, and a clinic group is shown sitting around the patient's bed.

Supervisor: Good afternoon, Mrs. Hall. Are you feeling excited about going home?

Patient: What is good about the afternoon and about going home? I am sure I don't know what I'll do when I get there. Will I ever manage to sit up in my own bed so that I won't have to puff like a steam engine and stay awake counting the minutes until morning?

Supervisor: We have asked you to come to us so that we can tell you how you may keep yourself in a comfortable sitting position in bed and how you may support yourself if you wish to sleep lying in a forward position.

Patient: Well, it will be a good idea if you do. But mind now, I can't afford any of these expensive high-fangled articles!

Student: You do feel more comfortable and rested in the daytime when you are in this upright position, don't you, Mrs. Hall?

Patient: Yes, I do. My heart doesn't seem to pound so much and my limbs don't feel so heavy when I sit up like this. I can read and feed myself comfortably this way, too.

Student: When you go home, take a medium-sized straight-backed chair and place it at the head of the bed, like this. Support the legs of the chair against the back of the bed and the seat of the chair against the mattress. The back of the chair will go under your shoulders and the length can be covered with two pillows.

Patient: Never thought of it — but it might work. What will I do to keep myself from slipping down in the bed?

Student: You can make a secure roll the width of a pillow made out of newspapers and wrap it in a pillow case. This roll is then placed diagonally in the centre of a good-sized piece of old sheeting. After wrapping it, the roll can be placed under your knees and the ends of the sheet tied to the head of the bed. This should prevent you from slipping down in the bed.

Patient: Yes, I might be more comfortable that way. Now what do I do at night? I do sleep better if I can lie with my head resting on a pillow, especially when you put it on top of one of these classy tables of yours.

Student: At home, you could make a table quite a bit like it by placing an ironing board across your lap and then supporting it at either end by chairs of even height. Put a pillow on top of it as we do here.

Patient: Well, it seems all very simple and I'll try it out. But mind you come to see if I am getting along alright.

Student: I am sure you will manage nicely, Mrs. Hall. I'll visit you with the public health nurse next week. She will be going in to see you and I'd like to go with her very much.

Patient: Come along then. You nurses pester the life and soul out of me but I really don't think you are too bad after all! Now what about all this talk of being careful about my diet and the amount of fluids I drink in a day?

Supervisor: Our dietitian is here to explain that to you.

Dietitian: Mrs. Hall, your doctor has ordered that you drink no more than five glasses of fluid in twenty-four hours. He also wishes you to plan your meals so that you will be getting small amounts of nourishing, easily digested food at

frequent intervals. The reason for this is because you should not overload your stomach. If you did, your breathing would be more difficult and that would put greater strain on your heart.

Patient: How can I divide the amount of food and fluids I take during the day? I do get hungry but I can't have my sister cooking meals for me all day long.

Dietitian: Here is a diet sheet that tells all about it. (The diet sheet is passed around the group.)

Patient: A diet sheet of my own to take home with me! That makes me feel better. Perhaps I won't have as much trouble as I expected.

Supervisor: We have been very pleased to have you with us this afternoon, Mrs. Hall. I am sure it will not be long before you are completely better but you will have to take care of yourself.

Screens are placed in front of the patient's bed and a brief clinic discussion follows. This includes a few pertinent questions related to diet for the cardiac patient. Brief answers are given by the dietitian who points out that detailed dietary study will be taken in formal classes and during the student's practice term in the dietary department. Act 2 takes place in the office of the public health nurse where the student nurse is given a verbal orientation into the work of the public health nurse before she accompanies her on home visits.

Act 3 shows Mrs. Hall's bedroom at home. The patient is in bed, and improvised equipment is in place. The public health nurse and the student enter.

Public health nurse: Good afternoon, Mrs. Hall. Miss Jones has come with me today to see how you are getting along. You will remember her at the hospital.

Patient: Well, Miss Jones, I am really pleased to see you. We fiddled around with all those contraptions you suggested when I was in the hospital and believe it or not, they really work!

Student: I am glad to see that you have been able to manage with what we suggested. The dietitian wanted me to ask how the diet was working out.

Patient: I think she must have thought she was planning to feed a baby when she ordered all that soft food but all the same I think I am getting better. My sister has used several of the methods she suggested for preparing attractive meals and that certainly does help a great deal.

Public health nurse: The doctor is very pleased with the progress you are making, Mrs. Hall. You will soon be well enough to be out of bed for the greater part of the day and then your diet can be increased. I have a list of the extra foods allowed and I'll leave it with your sister.

Patient: I'm certainly glad to hear that. I've sat around here long enough with some one else bossing me in my own home. Before many more weeks are up I'll be going to visit you instead of you coming to me. (*Curtain*).

Now that we have presented the content of this short playlet, here are a few practical hints concerning the management of such a performance. One end of a large classroom was used as the stage and screens served to provide divisions between the hospital ward and the home bedroom. Typical equipment was used in the hospital scene and chairs were placed for the ensuing discussion. An informal atmosphere prevailed and the wording of the script was by no means tenaciously adhered to. The participants spoke quite spontaneously, maintaining the continuity of thought but using their own phraseology when desired. It was necessary to choose the cast carefully. The humour was provided by the "patient", both in speech and action. The manner of the nurse participants was friendly, kindly and sure. Two rehearsals were held at which the entire cast was present. Each time the script was gone over twice and,

at the final rehearsal, all the equipment was used and the actors took their required positions.

At the conclusion of this performance we felt that our purpose had been realized, namely, we had schools and departments united, clinical teaching applied, work blended with pleasure and social and professional contacts made. How would you like to undertake a similar experiment? Try it — of course you will make it a success!

Improvised Southey Tube

JEAN ANDERSON

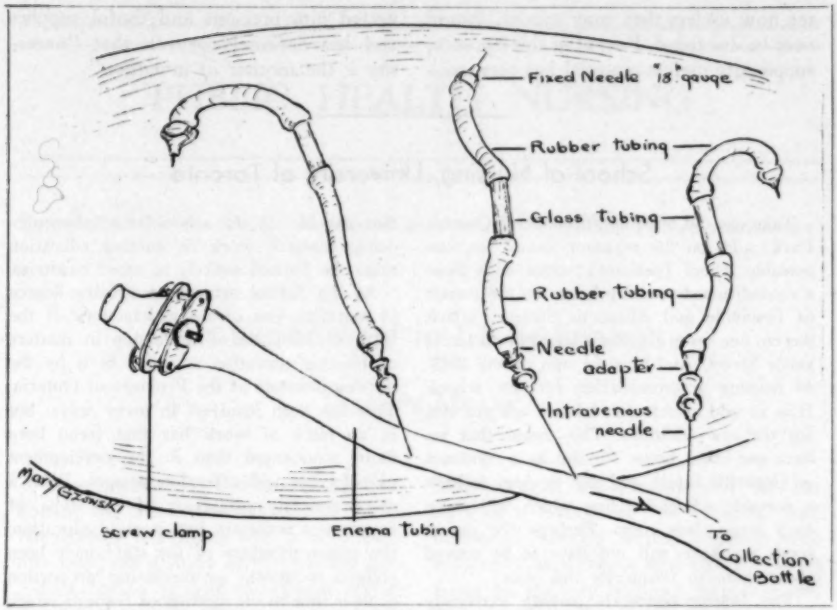
Picture a fine rubber tubing attached to a glass Y tube with three projections on either fork of the Y in turn attached on both sides to three very small rubber tubes into which are inserted three small needles, accompanied by a small canula — there you have a Southey tube set. The Southey tube is used to relieve oedema of the extremities in cases of massive oedema. They may be inserted in the feet, legs, thighs, the abdominal wall, or occasionally in the scrotum. The patient remains in his bed or, if well enough, sits up in a chair. The needles are inserted into the oedematous tissue with or without the use of Novacaine, and the fluid drains, simply by gravity, through the tubing into a collection bottle.

As in any medical or surgical technique, certain methods and precautions must be carried out. First the needles and the small tubing must be sterile, the skin must be prepared with an antiseptic, and the needles must be made stationary with adhesive strips. Above all, the tubes must be in such a position that the fluid may drain by gravity.

Precautions that should be carried out are: protect the bed, make your patient as comfortable as possible, and be sure to carry out aseptic technique. Special care must be given to the open areas after removal of the needles. There may be "weeping" from these areas for hours and even days, so precautions, such as re-painting with antiseptic and applying sterile dressings, must be taken.

The Southey tube has proven most useful in medical nursing in the relief of the severe distress of patients with massive oedema. One particular patient was admitted severely dyspnoeic, cyanosed, and with massive oedema from the waist down to the tips of his toes. The oedema of the genitalia was so extreme than any position was most uncomfortable and voiding and defecation were very painful. The improvised Southey tubes, which will be described below, were used in Mr. K.'s thighs, legs, feet, scrotum, and even in the abdomen. As much as 500 cc. of fluid drained in an hour from the scrotum, and as much as 850 cc. from one leg in an afternoon. The effect of this drainage was amazing. Mr. K. could soon lie in bed in comfort and breathe without difficulty.

The maxim, "necessity is the mother of invention", certainly holds true as to the development of the improvised Southey tubes. Unable to obtain our stock set when Mr. K. was admitted, the senior interne on the ward, with a little help from myself, developed an improvised set. In an article published in the Journal of the Canadian Medical Association, Dr. John MacLaren has described this improvised tube. It consists of a number of connections from pneumococcus antiserum sets (Lederle) and includes the following: (a) two



Sketch by Mary Gzowski, Medical Artist, Montreal General Hospital

Improvised Southey tube

pieces of rubber tubing connected by a small glass tube; (b) on one end there is a small fixed needle (18 gauge) with a short bevel; (c) a metal adapter at the other end to which could be fitted an intravenous needle (20 gauge) that was also supplied with the Lederle set.

Before use, these tubes are boiled for five minutes, the skin is prepared and the small fixed needle is inserted into the oedematous tissue. In Mr. K.'s case three were inserted in each leg, from below the knee to the foot. Subsequently two needles were inserted into each thigh and another into each side of the abdomen.

We had ready an ordinary retention bottle with two pieces of rubber tubing for drainage, instead of one as usual, and the end of each tube we clamped off with a screw clamp so that we had a closed unit. Now, to the other end of the small tubes which were in the tissues, we attached the 20 gauge needles which, by the way, were useless as ordinary intravenous needles as they did not fit any syringe. These needles we stuck, at intervals, into the tubing attached to the retention bottle, placing one tube parallel to each leg and then running them down one from each side of the bed to the retention bottle underneath the bed. These improvised tubes have proven most satisfactory, the advantages over the original being that the drainage is faster because the lumen of the needles and tubing is larger, and also because the tubes may be placed as desired over larger areas. Another advantage is the fact that we have this set on hand at all times for use in our own ward.

The improvised Southey tube set, besides bringing relief to oedematous patients has, in this age of wartime shortage, taught us that *no* supplies, no mat-

ter how useless they may appear, should ever be discarded. For, as in this instance, supposedly useless material has been converted into precious and useful supplies and has definitely proven that "necessity *is* the mother of invention".

School of Nursing, University of Toronto

Take one old building at number 7 Queen's Park; add, on the adjacent vacant lot, one portable school (perhaps); unite with these a reconditioned rooming house on the corner of Grenville and Elizabeth Streets; attach thereto one seven-roomed apartment on Grosvenor Street. And thus we sum up the 1943-44 housing accommodation for our school. It is an odd assortment, but we are grateful for the new additions. This means that we have one extra house for use as a residence on Grenville Street, and that we *hope* to have a portable school building which will serve as a large class room. Perhaps the dining room furniture will not have to be moved about quite so frequently this year!

The Degree course is making extremely satisfactory progress. The work has much greater possibilities than we had realized when the initial plans were being made, two years ago. We are glad to acknowledge the co-operation received from Miss Macfarland and all others at the Toronto General Hospital. The practical problems of administration might have been formidable, but these difficulties have been reduced to a minimum and we have a happy feeling that the Hospital and the School are working together in a thoroughly constructive fashion.

Fifteen students (graduate nurses) from other countries were enrolled in regular diploma or certificate courses throughout the past year. Three others were taking substantial work of an advanced nature in nursing education; two more had one term each in the regular course in public health nursing. Doctors and nurses made up an additional number of nineteen persons from other countries who paid study visits to the school, varying in length from one day to one month. The countries from which these travellers came include Argentina, Brazil, Chile, England, India, Iran, Panama, Switzerland, the United States, Venezuela and the West Indies. We have noted with pleasure that a few Canadian visitors came to us also during the past year: hitherto we had feared that the use of the school as a laboratory doing research work in nursing education might be limited entirely to other countries.

As the School achieves a greater degree of maturity, one of the satisfactions of the staff is the place of leadership in matters of nursing education accorded to it by the nursing interests of the Province of Ontario. This has been manifest in many ways, but in no piece of work has that trend been more pronounced than in the development of refresher and extension courses. With a more general recognition of this type of course as a necessary tool in staff education, the senior members of the staff have been obliged to devote an increasing proportion of their time to the meeting of requests which come yearly from those charged with the administration of nursing.

The menu for the current academic year in the field of short courses is not fully decided upon. Present plans, however, include a course for experienced public health nurses interested in administration.

For some years there has been an increasing shortage of head nurses, clinical instructors and supervisors. Until recently, preparation for these positions consisted of a university course of one year in the general principles of teaching and supervision, with a brief period of field experience. For the adequate preparation of these supervisory nurses, a course seemed to be required which would combine instruction in educational psychology and teaching methods, with advanced instruction and study and practice in nursing in one of the major clinical fields. Last autumn, therefore, new courses in clinical supervision were offered. The clinical work is limited to one definite field. Students select their work in medicine, surgery, obstetrics, paediatrics and operating room supervision. These clinical supervision courses are being continued this year.

Alumnae News
School of Nursing, University of Toronto

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

An Experiment in Co-ordination

LORRAINE MILLER

Last spring, the Public Health Section of the Manitoba Registered Nurses Association felt there was a very definite need for a study of the routine procedures being taught to student nurses in the obstetrical departments of the schools of nursing, in order to provide for closer co-operation in the instruction given to mothers in the hospital wards and by nurses going into the homes of the community. It was indicated that there were wide discrepancies in the methods of routine care, especially in the care of the new-born. No two hospitals carried out the same procedures, and the nurses giving care in the homes were apparently introducing further new methods, thus causing confusion and bewilderment among the new mothers. As there has been a sharp increase in the birth rate and as this group offers such wide scope for teaching and such great opportunities for ensuring the welfare of future generations, it was decided to see what could be done about co-ordinating hospital and home teaching.

A committee, known as the Public Health Committee, was formed, with representatives from the Victorian Order of Nurses, city and provincial public health nurses, and public health nurses from the hospitals. After thoroughly discussing the problem from the public health angle, the executive of the Instructor's Group of the Hospital and School of Nursing Section, together with maternity supervisors and charge nurses from all the city hospitals, were invited to meet with the Public Health Committee. At this joint meeting, each supervisor was asked to give a brief resume of the routines for newborn care and teaching as followed in her hospital. As each nurse finished her discourse, it became more apparent that the desired correlation of teaching methods was essential. In response to suggestions, and after carefully considering the points that appeared to be the greatest stumbling blocks, this Committee drew up an outline of routines which could be used as the basis for the instruction given by ward nurses. The outline was discussed in detail by the joint group and a demonstration bath and teaching visit were given. The routines followed in this demonstration were those accepted and suggested in various magazines, especially "The Manitoba Baby" and "The Canadian Mother and Child". Emphasis was placed on the various teaching points in which the widest variations had been noted, and the approved methods were stressed. A lively discussion ensued and suggestions were forthcoming regarding even more efficient methods.

From all these sources, the members of the Public Health Committee prepared a detailed outline of effective postnatal care. Arrangements were made for mimeographed copies to be delivered personally to the superintendents of the Schools of Nursing by the various members of the Committee. It was suggested that the outline be placed on the reading lists in the obstetrical departments and that the students be encouraged to make use of it in their daily ward teaching. When additional copies were made available, one was sent to each of the rural hospitals having a school of nursing. The Committee felt that the teaching was applicable in both city and country, and hoped that the rural hospitals might find the material useful. Although the outline is too lengthy to be published in its entirety, the following excerpts will illustrate its general form, and will also show the care that has been taken to provide accurate, workable information.

Demonstration tub bath: See that the mother is comfortable and is seated where she can observe the procedure. Explain the set-up for the bath, and the reason for having everything prepared beforehand. Instruct her to wash her hands carefully before caring for the baby. During the following procedures, explain each step to the mother:

Remove baby from bed and expose the bed to air and sunshine. Place the baby on the pad and remove gown. Cover with bath blanket and towel well tucked under shoulders to restrain arms.

Cleanse nostrils if necessary, using separate swab of absorbent cotton for each nostril. If toothpick is used to make swab always remove toothpick before using the swab.

Wash face, outer ear and back of ear with soft cloth and clear water. Pat dry.

Soap head with lather on hand, and rinse well over the tub, holding the baby firmly under the arm resting on hip.

Loosen clothing and, if diaper is soiled, cleanse buttocks with oil.

Remove clothing over the feet and keep the baby protected with blanket.

Arrange blankets and towels for return of baby from the tub.

Soap entire body with hand, support baby's neck and shoulders with left hand and, grasping the ankles with the right hand, lower slowly into the tub, feet first.

Rinse well with wash cloth and return baby to the blanket and towel on the pad. Pat dry.

Squeeze small amount of oil on fingers from swab, and oil the creases of the neck and axillae.

Put on knitted band and shirt; remove wet towel.

Push back foreskin very gently, or separate labia and cleanse with swab moistened with oil.

Weigh baby.

Dress baby, putting on all clothing over the feet.

While dressing the baby the following points regarding the clothing may be discussed with the mother:

Band: shirt style is preferable because it fits snugly, does not bind, and the warmth is evenly distributed. Cotton-and-wool or silk-and-wool is preferable because it is warm, absorbent and launders well.

Shirt: coat style preferable because it gives equal warmth and does not slide out of position.

Diaper: size 27x27 inches can be adjusted to fit baby. These should be put on square, the extra flap on outside in front for boys and at the back for girls. These are comfortable, do not bind, and usually become soiled in only one place.

Dress and petticoat: should be made of material suitable for weather and easily laundered.

Pad and rubber squares may be used to protect baby's clothes and his bed.

Stockings are not necessary for a small baby and when used frequently become wet.

Blanket: show the mother how to wrap baby loosely in blanket. Light-weight blankets are less bulky and more easily laundered.

When the bath is completed, place baby back in crib which has been aired and remade. If it is time for him to be nursed, see that the mother cleanses her nipples and is in a correct position to feed him. Show her how to place the

baby over her shoulder in order to bring up "bubbles".

Here are some suggestions regarding teaching that may prove helpful:

Build up teaching around the mother's questions and give reasons when teaching. Repetition is important.
Be specific and practical.
Use the demonstration method when possible and suggest the use of pertinent literature.

What was the result of our effort? As yet we are not able to make any definite statements. It is hard to demonstrate marked success, but we feel we have made some progress. The changing personnel of the various obstetrical departments has made it difficult to introduce even minor changes and see them carried out. The meeting with the hospital group and members of the other sections was stimulating. We had an opportunity to talk over common difficulties from various angles. The discussions were vigorous and each of us derived some benefit. We feel that much could be accomplished by having frequent meetings among the various nursing groups and that many problems could be solved. We hope to try again and see!

A Beloved Teacher Passes

The Royal Alexandra School of Nursing recently suffered an irreparable loss in the passing of Laufey Einarson who, since September 1931, has taught nursing procedures in that School. Born in Manitoba of Icelandic parentage, she grew up and received her education in Saskatchewan and came to the Royal Alexandra Hospital in Edmonton for her professional training. Graduating in 1929, she won the gold medal and the general proficiency prize. The following year she was awarded a scholarship and studied teaching and administration at the School for Graduate Nurses, McGill University, returning to her own School in the autumn of 1931.

It was only last summer that Miss Einarson was appointed assistant superintendent of nurses. She assumed her new duties with keen pleasure and the same conscientious diligence that had characterized her work as a teacher. She was a loyal member of her Alumnae Association and served as its president during 1941 and 1942. She was also the convener of the Committee on Instruction for the Province of Alberta and made a most valuable contribution to the activities of the Edmonton District of the Alberta Association of Registered Nurses. For a number of years she taught home nursing to members of the St. John Ambulance Association.

Over a period of almost twelve years more than five hundred student nurses received instruction from Miss Einarson

LAUFEY EINARSON

and she was loved and respected by them all. Her outstanding ability as a teacher was more than matched by the fine example she set as a woman. Always kindly and gracious, she was ready to see the best in everyone. Her influence reached out to nurses who are now scattered throughout the whole Dominion and are also serving overseas. She will live long in the memory of her associates and her many pupils.

—MARGARET S. FRASER

In Memory of Elizabeth Carruthers

In the September issue of the *Journal* a brief tribute was paid to Elizabeth Carruthers upon the occasion of her retirement from the active practice of her profession. Her characteristic response was an amusing letter in which she said: "You should have saved up *something* for my obituary". In reality, much had been left unsaid because that was the way she wanted it to be.

On October 23, 1943, Elizabeth Carruthers died after a short illness. In the outline previously given of her nursing career, no mention was made of another task which was very dear to her heart. She was always deeply concerned because so many nurses come to the end of their working lives without having made provision for old age. She therefore took up insurance work for a time and, thanks to her untiring efforts, many nurses enjoy a measure of security that otherwise they would never have achieved.

The last years of her life were devoted to the care of patients suffering from chronic illness. They were deeply attached to her, not only as a nurse but as a friend, and it was a sorrowful day for most of them when she gave up her private hospital. For some strange reason, just as these words are written, there comes a memory of her as a young woman with deep brown eyes and bright auburn hair, standing in the crowded outdoor department of the Children's Hospital of Winnipeg. She was surrounded by voluble mothers and crying children, and one youngster, who was to be admitted to the wards, was clinging desperately to her skirts, insisting that he wanted "to stay with the nice nurse with the red hair". Yes, all her patients, young and old, always wanted to stay with her. They knew her for what she was — a good woman, a loyal friend, a real nurse.

Nurses Needed for the Mission Field

The Woman's Missionary Society of the United Church of Canada is anxious to obtain the services of nurses for important work in twelve outpost hospitals in Canada. As soon as the war is over, nurses will also be urgently needed in the foreign field in West China, India, Angola and Trinidad.

The November issue of the Missionary Monthly contains some very interesting articles which describe medical and nursing activities in many foreign lands. If you are interested in obtaining further information please write to Miss Olive Ziegler, 412 Wesley Buildings, Toronto.

Obituaries

Genevieve Mary Noftall died recently at her home in Cornerbrook, Newfoundland. Miss Noftall was a graduate of St. Martha's School of Nursing, Antigonish, N.S., and a member of the Class of 1942.

Christina Mary Watling died recently at the Montreal General Hospital. Miss Watling was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1909. Further reference will be made to her professional career in the next issue of the *Journal*.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

Bursary Awards

The first report of the expenditure of the grant of $40,000 made to enable nurses to take postgraduate work in 1944 shows that 102 bursaries to assist nurses in taking full-time coures have been awarded to date, 43 for courses in teaching and supervision and 59 for those in public health nursing. In addition, twelve bursaries for short-term courses have been given. Out of 158 applications, 114 have received some financial assistance to date. This has varied in amounts up to $400, with a total award of $33,155.

There are some interesting things to remember about the bursaries and the awarding of them. It is a fact that some difficult hurdles have to be taken by those who are responsible for making the awards. Then there are some fair and necessary conditions attached to the bursaries. For example, bursaries must be given to enable graduate nurses to take postgraduate work in Canada only. With this reservation, the applicant is permitted a wide range of choice regarding the subject of study and place where this may be taken. The postgraduate course must be designed to prepare the nurse to make a special contribution in some branch of nursing. The recipient must agree to assist in meeting the needs of civilian nursing service in Canada for one year after the completion of the course.

The award of bursaries was forecast at the beginning of the year and was definitely announced in May, 1943. However, as late as July 26, 1943, ten per cent of the applicants had not as yet been accepted by a university. Over eight per cent had graduated in 1943 and were only twenty-two years of age or younger. Do the older nurses fully realize the opportunities that they share today?

What About Short Courses?

Out of the total grant for this year, seven thousand dollars has been set aside to assist nurses to take short-term courses. The largest portion of this amount is still to be awarded. There is, and *always has been*, an urgent demand for well qualified head nurses, supervisors and administrators, both in hospitals and the public health field. The short-term courses are one means of meeting this problem. They are designed to meet the need and minimize disruption of nursing personnel. These courses are a wartime adjustment and a wartime opportunity.

Combined University and Clinical Courses

As another wartime measure, combined university and clinical courses have been organized. The programme is designed to provide a correlated course including both lectures at a university and hospital experience in a clinical specialty. In the university programme such courses as principles and methods of teaching, ward administration and management and other related subjects

are included. The clinical specialties for the combined course cover a wide field. A number of them are noted under the following caption.

Clinical Postgraduate Courses

Bursaries may also be obtained to assist a nurse in taking a clinical course or attending summer school. We are told that the trend towards specialization will be emphasized with the development of any health insurance plan. Nurses should be looking to the future and preparing themselves for it.

According to statements received through the Survey of Nursing and more recent information, postgraduate courses are offered as follows:

Psychiatric nursing: Provincial Mental Hospital, Essondale, B.C.; Provincial Mental Hospital, Ponoka, Alberta; Brandon Mental Hospital, Brandon, Manitoba; the Toronto Psychiatric Hospital, Toronto; the Ontario Hospital, London, Ontario; the Verdun Protestant Hospital, Verdun, P.Q.

Neurological and neurosurgical nursing: The Neurological Institute, McGill University, Montreal, offers either a clinical course or a combined university and clinical course.

Pediatrics: Children's Hospital, Winnipeg; Children's Memorial Hospital, Montreal.

Obstetrical nursing: Hamilton General Hospital, Hamilton, Ontario.

Obstetrical and gynecological nursing: Women's Pavilion, Royal Victoria Hospital, Montreal.

Operating room technique and management: Royal Victoria Hospital, Montreal; St. Michael's Hospital, Toronto.

Nursing in diseases of ear, eye, nose and throat: Royal Victoria Hospital, Montreal; St. Michael's Hospital, Toronto.

Communicable diseases: Alexandra Hospital, Montreal.

Tuberculosis: The Sanatoria at Fort Qu'Appelle, Prince Albert and Saskatoon, Saskatchewan; St. John Tuberculosis Hospital, Saint John, N.B. Experience in tuberculosis nursing with organized theoretical instruction is offered at the Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

If a nurse is interested in serving today and preparing for tomorrow, a postgraduate course is one way in which this can be accomplished. Elsewhere in the *Journal* the chairman of the Bursary Award Committee deals with this suggestion under the caption "Opportunity knocks twice".

British Civil Nursing Reserve

An announcement regarding the British Civil Nursing Reserve appeared in the May 1943 issue of the *Journal*. Since June, 1943, a total of 36 nurses have enrolled for this service. Sixteen of these are already in Great Britain; with few exceptions, they are wives of men who are serving with the Armed Forces overseas. These nurses are surely making their contribution where they are most needed and there are still vacancies for nurses who are eligible and wish to offer their services.

Reinstatement of "Reclaimed Nurses"

Again a definite note of warning has been sounded in a letter received from the Department of Pensions and National Health. This letter contains rather pointed enquiries regarding the conditions under which married and other "reclaimed" nurses may be reinstated in the profession during the present crisis. (We use the term "reclaimed" because we cannot imagine any nurse being inactive when there is such an urgent demand for her services).

In 1941, the Canadian Nurses Association recommended to provincial associations that temporary permits be issued for the duration of the war, or other arrangements effected to ensure

maximum use being made of all the available nurse power. It is understood that in all provinces such adjustments have been made and that the authorities in placement bureaux and registries have co-operated by removing all conditions which tend to make reinstatement difficult. Very high tribute has been paid to the relief afforded by the nurses included in this group.

The recommendations of the Canadian Nurses Association in no way relieve a nurse of her professional obligations regarding registration. She should be in good standing for the current year in at least one province, preferably the one in which she is employed, unless on a very temporary basis. Temporary permits do not suggest that a nurse may pass from one province to another without securing registration for the current year in any one of them. Today, the profession stands in dire need of the active support and interest of every nurse.

The National Adviser

The activities of this officer were initiated under this imposing title by a trip taken across Canada to attend meetings of the hospital associations, at least those which took place in October. More extended reference to this interesting journey is made elsewhere in this *Journal*. The invitations to attend these meetings, which inspired the Canadian Nurses Association to send a representative to them, were greatly appreciated, They were particularly significant as recognition of the need for close co-operation between all groups charged with the responsibility of supporting the national health programme and of meeting the grave problems arising out of the present crisis. The welcome extended to the National Adviser was very cordial and her experiences were very pleasant ones, but one could have wished that problems of nursing service could have been "aired" more freely.

The attendance at hospital association meetings also made possible valuable contacts with nursing groups in the provinces visited. It afforded the opportunity of extending personal greetings to several of the provincial executives recently installed in office and of establishing relationships with them that will be very helpful in National Office.

A Welcome Invitation

Reference is made in *Notes from National Office* to the visit of the National Adviser, Canadian Nurses Association, paid to a number of provinces, in response to an invitation received from hospital associations to attend their annual meetings. The visit was arranged at short notice. To include contacts with nurses in each province, necessitated hasty adjustments being made to meet rather inflexible dates. The adviser is deeply grateful for the way in which these were effected. In Alberta, when the visit of the national adviser clashed with the national holiday, the entire executive committee turned up *smiling* for a meeting on Thanksgiving Day. In other provinces all sorts of adjustments were made, so that as many nurses as possible might have first-hand information regarding developments that are of personal concern to each one of them. Besides business meetings, many happy events and more personal contacts were fitted into a full programme. A duly appointed arrangements

committee could not have done more.

To review such an experience in detail in a short article would be impossible, but we turn to the *Journal* as a means of sharing the highlights with its readers. If it were possible, we would like to share, too, the delights of the trip across Canada in October. Very gorgeous were the greens, browns and yellows, as nature, as well as humans, prepared for the strenuous days ahead. Roses still bloomed in the gardens across the Rockies, and there was time to enjoy them between sessions.

Hospital associations met in October in British Columbia, Saskatchewan, Manitoba and Ontario. In Alberta the meeting had to be postponed until later in the year, but the adviser's programme included a very profitable, if brief, visit to this province. It is regretted that personal contacts with all provinces were not possible at this time, and it is hoped visits to those not included at this time will be made shortly.

To represent the Canadian Nurses Association at such meetings is no small challenge; to do so in these stirring times offers a very demanding one. Evidence of certain professional accomplishments was apparent at the meetings, but also certain causes for deep concern. At all meetings of the hospital associations the adviser was most cordially received. She was made to feel very much part of the meetings and shared in the honours at all social events. She retains a deep sense of personal gratitude for many kindnesses and appreciation of valuable contacts that could only have been realized in this way. Unfortunately, with few exceptions, nursing and related problems did not have quite as prominent a place on the programme as their importance seems to merit. At one meeting it was stated that nursing service has actually replaced finance as a problem of first importance to hospital administrators, but the most unprejudiced witness would have testified that, even with this admission, finance held first place on the programme, disguised, it is true, under varied and interesting captions and studies. Could not the same treatment be prescribed for nursing?

The Canadian Nurses Association visualizes a constructive programme being set up as the result of co-operative effort between nurses, hospital authorities and others vitally interested in the national health programme. The recommendation that a joint study of certain specific problems be undertaken by representatives of the Canadian Nurses Association and the Canadian Hospital Council was the first step toward ensuring this co-operation on a national basis. In two provinces at least, representatives of the hospital associations were appointed to meet representatives of the registered nurses associations to study problems related to nursing service. Surely such contacts must bring administrators, teachers, members of the private and general duty group and hospital representatives into closer contact and result in a better understanding? On the whole, the attendance of nurses at the meetings of the hospital associations was encouraging, but in most instances energetic representatives of hospital aid societies far outnumbered them.

At the meetings, little emphasis was placed on the shortage of nurses. Can it be that conditions have improved, or that hospitals are getting used to the difficulties so graphically described in letters received throughout the year? Those with "inside" information are inclined to question these explanations and the soundness of silent treatment of any malady.

Reports given by nurses' registries record very splendid contributions made by the private duty group in supplying holiday relief and in filling in for other emergencies. In one province, it is stated that six hundred nurses went out

to relieve in fourteen different centres between June 1 and August 15. Equally gratifying were reports given in a number of others. However, it is apparent that if nursing service is to be stabilized, not only salaries but hours of duty, living and working conditions must receive more consideration than is frequently given to these important factors. A question asked at one meeting was: Do citizens in communities in outlying districts open their homes to nurses, or does duty in a rural hospital mean segregation from outside contacts and other privileges that every Canadian citizen expects to enjoy?

A hopeful trend was the apparent awareness of hospital administrators of the importance of a satisfactory employer — employee relationship, to make use of popular phraseology. It was most encouraging to hear one of the best known hospital superintendents speak of a recently appointed personnel officer as "one of the most valuable members of the hospital staff". Will not this inspire other institutions to make similar appointments as a means of finding out some of the *real* reasons for the rapid turn-over that is so disrupting to any organization?

It was stated that the personnel officer conferred with nurses only upon request of the director of the department. However, nurses cannot be excluded from such benefits. The director, or her immediate representatives, may be the appropriate people to carry out the important work of personnel guidance for the nursing staff, but they cannot be expected to sandwich this in between ever-increasing responsibilities that are being handed to them. Whoever undertakes this special duty must have time and preparation, if they are going to function effectively as a specialist in this field.

Other suggestions gathered from the meetings that had bearing on nursing service included the need for relieving the nurse of duties external to the actual care of the patient. The elimination of non-essential treatments and steps to combat "fomentation epidemics" and other infections that are not always centred in the *patient*. Emphasis was placed on the importance of publicity both to ensure an informed public and enlist its sympathetic support and to assist in the recruitment of students. On the subject of a training centre to prepare subsidiary nursing groups to serve in the hospitals, the meetings were inclined to place reservations.

It is significant that in all hospital programmes, health insurance was given a prominent place. If the need of the community and profession are to be adequately served, the nurse must not be found unprepared if and when this measure goes into force. In preparation for this she should be informed and ready to interpret the "benefits" of nursing service under the proposed legislation. Some of the trends mentioned that will undoubtedly affect nurses were, more emphasis on governmental control and on preventive medicine; the replacement of outdoor departments by diagnostic clinics; extension of visiting nursing services and a tendency towards further specialization on the part of the physician.

Much might be said about developments in the provinces for which nurses are responsible. The news bulletins that go out from provincial organizations to chapters or local organizations to keep members in touch with rapidly changing events that affect every nurse; the experiment regarding the training of subsidiary workers which is underway in two provinces; the experience and triumphs of the travelling instructor, described as "the greatest thing that has been done for the small hospital," and the value of her less mobile counterpart the clinical instructor and adviser; the work of the placement bureaux which are supported on an equal

basis by every nurse in one province; interesting results from an accelerated course; accounts of most favourable reactions to special courses and to opportunities in universities never before available to nurses. These are some of the news items that we would share with readers of the *Journal*. Many of these developments have been made possible through the grant given by the federal government.

To complete this brief sketch, we would comment on the interested enquiries that were made regarding adjustments in national office. Self-control is an essential quality in any well trained nurse and the present generation is rather scornful of anything that resembles sentiment, but in every enquiry we sensed a very real tribute to Miss Jean Wilson who as executive secretary served the interests of the association most untiringly for so many years, and possibly a little concern as to how affairs will be carried on without her guiding hand. Those who have succeeded Miss Wilson in National Office share these sentiments and in taking up their responsibilities ask for the support of every nurse.

KATHLEEN W. ELLIS
National Adviser
Canadian Nurses Association.

Ontario Public Heath Nursing Service

Doris C. Jackson (Grace Hospital, Detroit, and University of Toronto public health nursing course) has accepted a position with the Board of Health, Thorold.

Irene Hardy (Victoria Hospital, London, and University of Toronto School of Nursing) has been appointed to the Board of Health, Weston, where she will organize a health service in the High School.

Emilienne Dion (L'Enfant Jesus Hospital, Quebec City, and University of Montreal) has accepted a position with the Separate School Board, Sudbury.

Mrs. Waites (Elizabeth Cunningham) (Toronto Western Hospital and University of Toronto public health nursing course) and *Norah Cunningham, B.A.Sc.* (Vancouver General Hospital and University of British Columbia) have joined the staff of the Board of Health, East York.

Ruby Cronk (Toronto General Hospital and University of Toronto public health nursing course) has been engaged by the Board of Health in Waterloo Township. Miss Cronk will organize a public health nursing service in that township.

Helen E. Etherington (Mack Training School, St. Catharines, and University of Toronto public health nursing course) has succeeded *Margaret Dunbar* as public health nurse at Copper Cliff.

Jeanne Brown (diploma course, University of Toronto School of Nursing) has resigned from the nursing staff of the Toronto Department of Health to accept the position of public health nurse with the Board of Health, Haileybury.

M.L.I.C. Nursing Service

Cecile Bonnier (Hôtel Dieu Hospital, Montreal, and University of Montreal public health nursing course), formerly on the Quebec City nursing staff, has been transferred to the Frontenac nursing staff.

Jeanne Gagnon (Hôpital de l'Enfant Jesus, Quebec City) recently resigned from the Mount Royal nursing staff in Montreal.

STUDENT NURSES PAGE

Nursing Aspects of Chorea

MARY HARRIS FILER

Student Nurse

School of Nursing, Regina General Hospital

David W. is a highly curious, intelligent, eager, attractive Canadian boy. His generous mouth, alert black eyes, pert nose, and unruly black hair denote a mischievous and energetic nature. He is eight years old and weighs about 60 pounds. He is in Grade 2 at school and enjoys all sorts of games and amusements. He has a keen sense of competition and likes to win, but since his illness he does not seem to have much endurance and, if he starts to lose, becomes discouraged. David is the youngest member of a good middleclass family and his father died of pneumonia some years ago. His mother is a very pleasant and intelligent woman and gave me a great deal of useful information for this study. Prior to his illness, David was always a happy little fellow but lately has been inclined to be moody and irritable, a state of mind that is characteristic of chorea. He was inclined to be nervous and wanted to be "on the go" all the time.

Social and emotional behaviour: Ever since he was a little chap, David has been inclined to have "notions" and fears being "bossed". If he was left alone with someone else when his mother was away, he adopted a hostile attitude toward this individual for assuming authority over him. He resents punishment but, at the same time, seems to understand the reasons for its infliction. When David was admitted to the hospital he was very unfriendly and rude and appeared very anxious to go home. To illustrate this state of mind, here are a few excerpts from the nurse's notes: "Refused his supper and struck the nurse when being persuaded to eat. He tossed about the bed, ripped his restraint jacket, and was very antagonistic". When one understands the nature of his disease one realizes that this behaviour was due to unfamiliar surroundings and was a form of defence mechanism due to fear. Later on, he asked to have someone read to him and listened very attentively; it seems that he is an avid reader for his age.

In time he grew very fond of his nurse and became much more reasonable and co-operative. He liked his doctor and talked intelligently to him but always referred to him as "Mr." instead of "Dr." in spite of efforts to correct him. As David was to have complete rest and quiet, the doctor told him that his mother would not be allowed to visit him for a few weeks. This was a severe blow and he cried bitterly. Later he became calm and more cheerful and, in a few

days, was happy in looking forward to the time when his mother could come to see him. When at last she did arrive he was naturally glad to see her but did not make any extreme demonstration of excitement.

Play interests: David was quite imaginative and was fond of conjuring up pictures of the stories which were read to him and also those which he read for himself. The fables and fairy stories appealed to him most and he liked telling the story of "Bambi" and other coloured cartoons. He is very fond of a little doll named "Tommy" for which his mother makes clothes. She says that he played with it much more than her girls played with their dolls. Despite this feminine leaning, he also likes to play with soldiers and marbles, and loves to play "snakes and ladders". He also likes drawing as well as making trinkets out of pine-cones. He is not a solitary child and, as a rule, is co-operative on the play-ground and with his brothers and sisters.

Habits: David is not a fussy eater. His appetite has always been good and even during his illness he ate very heartily. He has a tendency to bolt his food and at times chews noisily with his mouth open, especially if he is enthusiastic about something else, and is trying to talk about it at the same time. He has always been a sound sleeper and retires early. He sleeps with his mother because, if he shares a room with his brother, they are inclined to play and become too excited at bedtime. His doctor pointed out that it is better for children to sleep alone, if it can possibly be arranged. No little boy is ever fond of washing but his mother manages to keep him clean and well clothed. He does not appear to have any undesirable habits other than rapid eating and his inability to relax.

Intelligence: David is intelligent and very aware of people and of what they think and say. He likes exchanging opinions and has courage but is sensitive. He does not sulk for long and is quick to forgive. While a patient, he took quite an interest in ward activities and conformed to routine very well. He was quite curious about his fellow-patients in adjoining wards whom he could not see except in a mirror. His skill in handling objects and trying to make things was greatly hindered due to his choreic movements.

History of illness: David was suffering from St. Vitus Dance, or chorea, a disorder of the nervous system characterized by involuntary jerking and purposeless movements of the muscles throughout almost the entire body. Chorea frequently occurs between the ages of 5 to 15 and twice as frequently in girls as in boys. The whole muscular system is deranged and the term "insanity of the muscles" not inaptly expresses the condition. The involuntary muscles appear to be scarcely affected. Whatever the patient tries to do, he does awkwardly or fails to do because he cannot control his movements. In severe cases, even when the patient lies quietly, the involuntary movements of the face, limbs, and trunk will continue. In very severe cases the movements continue even during sleep. In addition, great physical weakness and a sluggishness of the digestive organs are often noted. The child may be unable to feed or to dress himself or even to talk. Slight mental symptoms are usually present, such as diminished attention and depression. Emotional upset is nearly always present and, in the early stages before a diagnosis has been etablished, the child is accused of being clumsy because he stumbles or drops his fork. He will even be considered naughty because his emotional unbalance leads to a change in his mental characteristics. Involvement of the larynx causes stammering and, if the muscles of the pharynx are affected, there will be choking fits and difficulty in swallowing. (In Da-

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vid's case this symptom was noticeable at the outset). Involvement of the tongue causes its withdrawal into the mouth, associated with an audible click. If the child's attention is called to these movements they invariably become worse.

The course of the disease varies from 6 to 10 weeks depending upon its severity and the degree of response to treatment. The reference books that I con-

sulted with regard to the cause vary greatly. So far, the cause has not been attributed to any specific organism; it seems to be some form of infection, for it is closely related to tonsillitis, endocarditis, and rheumatic fever. It is thought possible that the same germ may be responsible for them all. The possible predisposing causes are fright, heavy school work, ill-treatment, insufficient feeding, anxiety, and a nervous disposition. The nature of the disease is little understood but, by some writers, is attributed to inflammatory action of some part of the cerebro-spinal axis and to perverted action of the cerebellum. Occasionally death occurs from exhaustion but the prognosis is usually good except that there is a marked tendency toward recurrence.

Treatment: The most important aim is to calm the patient and free him from all harmful and exciting stimuli. Absolute rest in bed is required throughout the illness and even during convalescence. The child should be separated from his relatives and friends and especially from playmates. Since the cause of the disease is not definitely known there are no specific drugs which might control or cure it. However, zinc, arsenic, and iron compounds are given as tonics and to improve the condition of the blood. Salicylate of soda in large doses is helpful, especially in relation to rheumatic conditions. Sulfanilamide is now being tried since it is thought that a causative organism might be seated in some focus of infection. The barbiturates are administered in an effort to quieten the patient and ensure more rest.

David manifested all the above-mentioned symptoms. The onset was insidious and scarcely realized. A little while before, he had a cut finger which became septic. It is possible that this might have been a focus of infection although the finger slowly healed. However, he soon displayed irritability and emotional instability. There was clumsiness at the

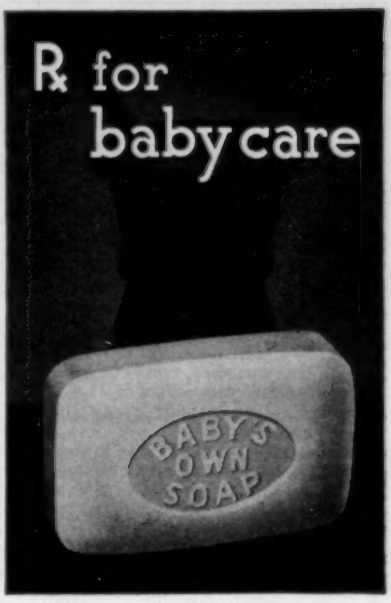

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table and in walking and before he came to the hospital he had been in bed for two weeks. During this time he had made no progress, probably because the home environment was unsuitable.

While awake, his limbs and arms twitched almost continuously and his whole body would thrash about. It was noticed that these movements lessened when he was listening to a story and that during sleep they were non-existent. His speech was wandering and unintelligible and was accompanied by severe facial grimaces. This incoherent speech was accompanied by laryngeal spasms when there would be a "swallowing" of the words with lip motions and no sound. Even after he began to show some improvement, he was several times found huddled at the foot of the bed, very frightened. He said he had been seeing spiders on the pillow and cobwebs coming towards him. These flights of fancy might have been due to a drug that he was getting, but his mother remarked that he had always a tendency toward delirium whenever he was ill. David's temperature never rose above 99½ degrees. He was very anxious to gain weight and get strong and was concerned because his leg muscles were getting flabby from lying in bed. At the end of three weeks he was allowed to get out of bed and stand on the floor for a short time but had to be watched for fear he would get out without permission. The dresser had to be moved into the opposite corner so that he could not reach out and get his books.

Nursing care and health teaching: As absolute rest was necessary, the patient was bathed every morning. This was a novelty and David agreed that he felt comfortable and rested. He was always fed by the nurse and I tried to persuade him to chew properly without exposing the food and not to talk with his mouth full. An effort was made to explain why he could not have visitors and must take a nap in the afternoon,

and also why the door had to be kept closed to shut out the noise. It was very difficult to keep him from reading when he was by himself. He was restricted to a half-hour a day but at other times he was allowed to have someone read to him. Good nursing care really consisted in keeping the child quiet and amused without exciting him. The need for sleep and rest had to be stressed frequently for David was all too energetic, although on the whole he tried to obey instructions. When he was allowed to go home, his mother was told that he must be kept in bed for several weeks and only be allowed to sit in a chair for a short time and to walk about a little. He was not to go to school for at least six weeks. All competitive games were to be avoided because of his tendency to become easily depressed.

Now, two months after David's discharge, he is back at school and almost normal again. His left foot was rather weak for a long time but he is rope-skipping now. His disposition is more normal although at first he was quite moody and emotional. He is not playing too hard for he knows that if he tries to be too active he will find himself suffering from another attack and, although he liked it in the children's ward, he would a thousand times rather be at home and be well.

R.C.A.M.C. NURSING SERVICE

Nursing Sister Agnes Tennant, previously a member of the nursing staff of No. 14 Canadian General Hospital, and Nursing Sister E. L. Riach, previously a member of the nursing staff of No. 1 Canadian General Hospital, have returned to Canada from overseas. Both have been promoted to the rank of Acting Captain (Matron) and will serve, for a limited period, as instructors of incoming personnel, Nursing Sisters and medical orderlies in two of the larger military camps.

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Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Mary Gulley, University of Toronto School of Nursing, has been appointed to the Pembroke staff.

Lucienne Boulanger, a graduate of the Sanatorium Prévost, Cartierville, and of the University of Montreal public health nursing course, has been appointed to the Lachine staff.

Vera O'Dell, a graduate of the Calgary General Hospital, has been appointed temporarily to the Calgary staff.

Mrs. Emily Morrison, a graduate of the Regina General Hospital, and of the University of Toronto public health nursing course, has been appointed to the Guelph staff.

Mrs. Hanwell (Dorothy Piché), previously on the North Bay staff, has returned to the Order and is on the Sudbury staff.

Alice C. Read has resigned from the Toronto staff and has accepted a position in a mission hospital.

Emilienne Dionne has resigned from the Sudbury staff and has accepted a position with the Sudbury School Board.

Mrs. Margaret Blunden has resigned from the Calgary staff.

The following nurses have resigned from the Toronto staff and are taking postgraduate courses in public health nursing at various Canadian universities: *Beatrice Cryderman*, *Eileen Clark*, *Priscilla Annable*, *Nancy Anderson*, *Lois Skinner*, and *Gwennyth Grant*, and from the following branches as specified: *Eileen Balne*, Brantford; *Dorothy Ladner*, Burnaby; *Edythe Smith*, Guelph; *Dorothy Sisson*, Trenton. The following nurses, who are also taking postgraduate courses in public health nursing, have resigned from their local branches and are on leave of absence from the Order: *Marion Whebby*, Halifax; *Camilla Gibson*, Yarmouth; *Vivian Adair*, Ottawa.

The following nurses are completing the two months' period of orientation in Victorian Order nursing at the Montreal Branch: *Katherine Weatherhead*, Winnipeg General Hospital; *Ella R. Johnston*, Ottawa Civic Hospital; *Dorothy Clements*, Halifax Infirmary; *Dorothy Chard*, Regina General

Hospital and B.Sc.N. University of Saskatchewan; *Edith McKerlie*, Winnipeg General Hospital.

Lois Croft has been transferred from the Kitchener to the Pictou staff.

Hattie Empey has been transferred from the Victoria staff as nurse-in-charge of the Brantford Branch.

Dorothy McLeod has been transferred from the St. Catharines staff as nurse-in-charge of the Huntsville Branch.

NEWS NOTES

ALBERTA

EDMONTON:

Edmonton District No. 7 has planned a ditty bag shower for the men of the Merchant Marine at the next regular meeting.

Royal Alexandra Hospital

It was with great delight and appreciation that 35 tuberculosis patients in the tuberculous ward were recently entertained by the student nurses of the Royal Alexandra Hospital. The patients themselves derived a great deal of pleasure from decorating their wards for the occasion. The programme consisted of cheery and amusing skits, action songs, and plays with suitable costumes. About 30 members of the Royal Alexandra Nurses Choral Club were present and sang two choruses. The evening was well worth the small effort put forth when it was shown to be received with such gratitude and the morale of the patients lifted to such a noticeable extent. The student nurses have also contributed toward the ditty bag fund.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held their first meeting of the season, with the president, Mrs. E. Hannah, in the chair. Mrs. Hannah extended a special welcome to the Nursing Sisters and to nurses from other centres who have come to Brandon to make their home. Cancer Week was observed by having as guest speaker, Miss Alice Smith of the Cancer Research Institute, Winnipeg. Plans were made once more to raise money for a scholarship fund for postgraduate study. Mrs. S. J. S. Pierce, war work convener, gave a report on articles

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turned over to the Red Cross, and plans were made for a busy winter. A social hour followed.

The regular monthly meeting of the Brandon Graduate Nurses Association was held recently at the General Hospital with Mrs. E. Hannah presiding. The General Hospital group were in charge of the programme. The guest speaker, Mr. Ross West, vice-president of the Brandon Rehabilitation Committee, gave an interesting outline of plans for post-war rehabilitation and reconstruction. A pleasant social hour concluded the meeting.

Winnipeg General Hospital:

Members of the Alumnae Association of the Winnipeg General Hospital School of Nursing met in October for the first general meeting of the year. A scholarship fund was set up for the promotion of postgraduate work. This is to be known as the Sanford Memorial Scholarship Fund, in memory of Miss Etta Sanford.

Edith Rose has joined the staff of the Winnipeg branch of the V.O.N. Isabel Solvason, who has spent the past two years in Vancouver, has enlisted in the R.C.A.M.C. Ruth Jack has accepted a position with the St. John Ambulance Association as supervising officer of the Voluntary Aid Department.

Enrolled at the University of Manitoba for postgraduate courses in public health nursing are: Beatrice Heifitz, Lillian Jonsson, Anne Billinkoff, and Alda Howard. Anna Stevenson is taking the course in teaching and supervison at the University of Manitoba and Eileen Robinson has enrolled at the McGill School for Graduate Nurses for the course in teaching and supervision.

NEW BRUNSWICK

MONCTON:

The annual meeting of the Moncton Chapter, N.B.A.R.N. was held recently at the Moncton Hospital with Miss F. Breau as chairman. Miss A. J. MacMaster was elected president; Mrs. G. Jonah, vice-president; Miss L. Russell, secretary; Mrs. J. Morrell, treasurer. Favourable reports were given from all the committees. Reports from the war effort committee showed a large amount of knitting completed for the Red Cross. Suggestions for next year's work were discussed. A vote of thanks was extended by the retiring executive.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 1

Chatham:

The importance of broad training and wide experience as elements in the success of the professional nurse was stressed by Mr. Harry Collins, principal of Chatham Vocational School, in an address delivered at the annual fall meeting of District 1, R.N.A.O., which was held recently at St. Joseph's Hospital. Mrs. C. I. Salmon, chairman of the District, was in charge. Representatives from the following centres were in attendance: Chatham, Windsor, London, Sarnia, St. Thomas, Petrolia, and Strathroy. Reports were given by the conveners of the various committees and sections. Miss Hazel Gray and her committee were responsible for the excellent arrangements. Among those present were Mildred Walker, of London, president of the Provincial Association, and Madalene Baker, of London, convener of the General Nursing Section of the C.N.A. Tea was served by the Alumnae Associations of St. Joseph's Hospital and the Public General Hospital. Miss Anne Kenny is secretary-treasurer of the District.

All nurses doing private duty in Chatham and district have gone on an eight-hour day. The shortened day was brought into effect simultaneously with the establishment of a central registry.

At a recent regular meeting of the board of trustees of the Public General Hospital it was announced that the new nurses residence will be named "The Priscilla Campbell Nurses' Residence", as a tribute and mark of appreciation for years of efficient, faithful service, and for leadership in nursing development and hospital administration.

Districts 2 and 3

Brantford:

A well attended meeting of the Public Health Nursing Section of Districts 2 and 3, R.N.A.O. was held recently in Brantford, and was presided over by Miss Grieve. Mrs. Horton, who is a member of the staff of the Brantford Health Department, spoke on eugenics and her address proved to be very interesting. There are at present 75 nurses in this district who are engaged in public health nursing, many of them in industry. The next meeting will be held in Kitchener in May, 1944.

Kitchener:

At the regular monthly meetings of the Kitchener-Waterloo Chapter, there have been several interesting speakers including the Rev. D. I. Forsyth and Mrs. H. Mistele. Christmas remembrances have been sent to nurses serving in the forces.

The regular monthly meeting of the Kitchener-Waterloo industrial nurses was held recently at the hospital of the Dominion Tire Company. This building has lately been remodelled and is equipped with the most modern necessities for the convenience of the physician, the employee, and the nurse. Miss Nellie Scott was hostess and a tour of the

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plant, while in operation, was made. These meetings have been found very instructive and helpful, the nurses bringing problems for discussion and those more experienced gladly sharing their knowledge with the newly engaged nurse. Miss Florence Weicker is chairman of the group. It is recommended that all nurses engaged in industry should follow this example and meet occasionally to broaden their knowledge and listen to speakers who are especially interested in the different aspects of health in industry.

Stratford General Hospital:

Miss Zeta Hamilton has resigned from the position of superintendent of the Stratford General Hospital after 16 years of competent and faithful service.

A recent meeting of the Alumnae Association was very well attended. Verna Dunsmore, Margaret Murr, and Charlotte Attwood gave reports on some very interesting addresses which they had heard at the Ontario Hospital convention.

Our new superintendent, Miss Minerva Snider, former superintendent of Preston Springs Hospital, and Miss S. Christine Murray, our new instructress, were introduced to the members. There was discussion as to married nurses having their names on register, but a definite decision was deferred until after Miss Madalene Baker has spoken to us on eight-hour duty at our December meeting.

Gladys West is home again from a year of service in South Africa. Rena Johnston has also returned from South Africa, and is doing general duty in the Toronto General Hospital. Bessie Williams is supervisor of obstetrics at Sarnia General Hospital. Verna Dunsmore and Alice Bailey are supervising in the Stratford General Hospital. Jean Watson is taking a postgraduate course in surgery at St. Michael's Hospital, Toronto. Margaret Sebben is taking a short course in obstetrics at the University of Toronto School of Nursing.

DISTRICT 8

CORNWALL:

The fall meeting of the Cornwall Chapter of District 8, R.N.A.O. was held at the Hotel Dieu Hospital with about 40 members present. Following the business session, the president, Miss Myrtle McWhinnie, called on Miss Margaret McKenzie who presented a resumé of the refresher course offered by the University of Toronto School of Nursing last spring on public relations and the development of nursing services. The vital points brought out were the great social changes in the nursing field, emphasized by the current interest in health insurance. These changes, it was noted, are the result of increased industrialization and urbanization. The need was stressed of a concentrated effort on the part of nurses so that they

may be prepared to meet this challenge with open minds and a true realization of the necessity of co-operation both within the varied branches of nursing, and with other professions and the laity. It will thus be possible to achieve the highest degree of efficient service to the community.

Two reports which were presented at the annual meeting of the R.N.A.O., namely, the report of the registry adviser, Miss M. Baker, and the report of the work of the R.N.A.O. emergency nursing adviser, were read by Miss Florence Archibald. Dr. S. B. Fraser was the guest speaker of the evening and, following his address, the meeting adjourned to the demonstration room, where the use of the oxygen tent was ably demonstrated by Reverend Sister Conlon. Miss Sybil Everitt, convenor of the programme committee, is to be congratulated on the arrangement of this instructive evening.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

Freida Allum has left for Chicago and New York for postgraduate work in obstetrics, and Eileen Ferguson has left for New York for postgraduate work in psychiatry. Julia Cookson is in charge of the children's ward, and Bernice Stewart is on the staff of the out-patients department. Marion Jeans is back on active service and is with the R.C.N. Nursing Sister Margaret Read is on tour with "Meet the Navy" show. Mrs. Bate (Jean Perry) is now on duty at the Three Counties Emergency Hospital in London, England. Emmeline Dickson was a recent visitor at the School of Nursing.

McGill School for Graduate Nurses:

Recent visitors to the School included Mrs. Jessie E. Porteous (Administration, 1939-40) who is now with the R.C.A.F. in Ottawa, and A. Rita Doyon (P.H.N., 1942-43) now at Dolbeau Lake St. John Power & Paper Company.

St. Mary's Hospital:

The Alumnae Association of St. Mary's Hospital School of Nursing has gone forward another step by recently adopting the Quebec Hospitalization Plan for its members. In addition to this plan, further benefits have been granted to the members of the Alumnae Association in good standing by the Hospital's Board of Directors.

Kay Brady, Doris McCarthy, Mary Morrow, Kay Gibbs, Rita Megin, and Dorothy Marks have recently joined the R.C.A.M.C. Nursing Service. Lieut. Claire Robillard is with the Nursing Service of the American Army. The members of the Alumnae Association, serving on the home front, are now knitting for the Merchant Marine.

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Because we make an honest living by stringing words together . . . we are naturally very much interested in Mr. Churchill's Basic English . . . . This master of English prose tells us that we ought to be able to get along with eight hundred and fifty words instead of splashing about in the dictionary as we do now . . . The other evening when the house was quiet . . . we went rapidly through the whole list in search of the word "nurse" . . . We were a bit dashed (but not really surprised) to find it wasn't there . . . The nearest Basic English seems to be able to get to it is "health woman" . . . a term that somehow fails to appeal to us . . . perhaps because the other basic words associated with "female" are "false, feeble, and foolish" . . . Then we cast about to find something that would describe nursing activities . . . and right away found "run, rub, wash, dust, help, pull. push and work" . . . all of them right up the nursing alley, especially the last . . . "Respect, rest, reward and rhythm" sounded fine . . . but we didn't think we would get to use them very often . . . so we didn't put them on our approved list . . . However, we did pick up "serious, sharp, smooth, stiff, straight and strong" . . . and we rather liked "quick, quiet, and ready" . . . Several weasel words that we cordially detest . . . fortunately seem to have been omitted . . . potato was there but not problem . . . there were trousers but no trends . . . and although there was a protest . . . not a single resolution raised its horrid head . . . Our next job was to find a vocabulary suited to the specific needs of this Journal . . . There is no word for magazine or even newspaper . . . but finally we came upon "reading" . . . Advertisements were there but not a single subscriber . . . a business problem with which we are sadly familiar . . . Eventually we worked out something like this and you have our word of honour that every word is genuine unadulterated Basic English . . . "Please, we request you to send enough money to get wise and complete reading about health every month. A health woman needs knowledge of man and woman and baby who get in hospital because of poor health . . . If you have any brains, they go forward only if you see about reading enough print. Get reaction to new knowledge, and keep the mind off that bad, bent, bitter opinion. Be natural, necessary and normal. Be awake, not narrow or mixed or wrong. Do please make observation of every forward opinion and strong organization. If tired of work, we will send you a sweet sudden story about a friend, in north, south, east or west. Use reason, and value this beautiful bright writing. Do not be a sheep and take opinion that is loud, loose or low. Respect the simple and quiet quality of harmony. Turn away from danger, damage and destruction. Jump while the offer is here. Hand out enough money to turn the trick and get this education every month. Please yes, do this very quick. Be regular, responsible and certain . . . Receipt for payment will come to you in short order and in future all will be clear, happy, elastic, electric, fat and fertile."

—E. J.

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Rossland Chapter, Registered Nurses Association of British Columbia

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Okanagan District

Kamloops-Tranquille Chapter, Registered Nurses Association of British Columbia

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Greater Vancouver District

Vancouver Chapter, Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario

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District 7

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man, Miss H. Corbett; Sec.-Treas., Miss P. Gavan, Ontario Hospital, Kingston; *Councillors*: Misses E. Freeman, B. Griffin, M. Hanna, E. Moffatt, P. Gavan. Sr. St. Donovan; *Section Conveners*: *Hospital & School of Nursing*, Miss L. Acton; *General Nursing*, Miss H. Bell; *Public Health*, Miss B. Fry; *Rep.* to *The Canadian Nurse*, Miss B. Coulter.

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District 10

Chairman, Miss M. Flanagan; Vice-Chairman, Miss W. Ballantyne; Sec.-Treas., Miss Jessie Young, General Hospital, Port Arthur; *Conveners*: *Public Health*, Miss M. Bliss; *General Nursing*, Miss B. Brown; *Hospital & School of Nursing*, Miss I. Misener; *Program*, Miss J. Hogarth; *Councillors*: Misses M. Buss, O. Waterman, E. McKinnon.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Georgie Brown, Prince County Hospital, Summerside; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Sister M. Magdalene, Charlottetown Hospital; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss Anna Bennett, P.E.I. Hospital, Charlottetown; *General Nursing*, Miss Dorothy Greenan, 15 Grafton St., Charlottetown; *Public Health*, Miss Ruth Ross, Summerside.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Mary Jeffrey Ritchie; *Members without Office*: Misses Marion Nash, Mary S. Mathewson, Miles Maria Beaumier, Annonciade Martineau, Maria Roy; *Advisory Board*: Misses C. M. Ferguson, Marion Lindeburgh, Fanny Munroe, Jean S. Wilson, Rév. Soeur Marie de l'Eucharistie (Quebec), Miles Emma Rocque, Juliette Trudel; *Conveners of Sections*: *General Nursing* (English), Miss Effie Killins, 3533 University St., Montreal; *General Nursing* (French), Mlle Anne-Marie Robert, 4085 St. Hubert St., Montreal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Décary, Hôpital Notre-Dame, Montreal; *Public Health* (*English*), Miss Ethel Cooke, 830 Richmond Sq. (Chandler Health Centre), Montreal; *Public Health* (French), Mlle Marie E. Cantin, 4852 St. Denis St., Apt. 3, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Rév. Soeur Marie Claire Rheault, Miles Anysie Deland, Juliette Trudel; Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1012, Medical Arts Bldg., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; First Vice-Pres., Mrs. D. Harrison, 301 Bottomley Ave., Saskatoon; Sec. Vice-Pres., Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Councillors*: Rev. Sister Perpetua, St. Elizabeth's Hospital, Humboldt; Rev. Sister Irene, Holy Family Hospital, Prince Albert; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss E. James, Saskatoon City Hospital; *Public Health*, Miss M. E. Brown, 5 Bellevue Annex, Regina; *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Acting Secretary-Registrar, Mrs. Margaret E. MacLean, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. F. Lawrie; Pres., Miss Dean; Vice-Pres.: Mmes Storey, Arnason; Sec. & Treas., Mrs. D. Shaw, 22 Crescent Annex; Ass. Sec., Miss Taber; *Committees*: *Registry*, Miss Martin; *Program*: Misses Lewis, Cote; *Membership*: Misses Bradley, Philo; *General Nursing*, Miss Reveley; *Hospital & School of Nursing*, Miss Reierson; *Public Health*, Miss Brown; *Finance*, Mrs. Deverelle; *War Services*, Mrs. J. Thompson; *Sick Nurses*: Misses Sweitzer, Duke; *Miss Canada*, Miss Lecours; *Rep.* to *The Canadian Nurse*, Miss A. Rogers

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

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A.A., Holy Cross Hospital, Calgary

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A.A., Edmonton General Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., Vegreville General Hospital, Vegreville

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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A.A., Misericordia General Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

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ONTARIO

A.A., Belleville General Hospital, Belleville

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

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A.A., Public General Hospital, Chatham

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

Hon. Pres., Miss H. C. Wilson; Pres., Mrs. M. Quail; First Vice-Pres., Mrs. F. Gunther; Sec. Vice-Pres., Mrs. E. Wagoner; Sec.-Treas., Miss E. Allen, 4-3rd St. E.; *Committee Conveners: Program & Social*; *Finance*: Misses Summers Sharpe; *Flower*, Miss E. McIntyre; *Membership*, Miss G. Rowe; *Rep.* to *The Canadian Nurse*, Miss J. McBain.

A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

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